

VAVS National Advisory Committee Membership Application

Return To: Voluntary Service Office (10B2A), 810 Vermont Ave, NW, Washington, DC 20420

Phone: (202) 461-7300

Fax: (202) 495-6208

1. Name of Organization

2. IRS Tax Exempt Code:

Example - (501C3)

3. Type of Membership Request New Change in Status Termination

4. Membership Status Sought: (Check One)

Service (Voting) - Provides volunteers; represented on local VAVS Committees at a minimum of 25 VA Facilities.

Associate Service - Provides volunteers; represented on local VAVS Committees at a minimum of 15 VA Facilities.

Donor - donates significant funds or materials to assist or benefit Veterans at/to a minimum of 25 VA facilities

Associate Donor - donates significant funds or materials to assist or benefit Veterans at/to a minimum of 15 VA facilities

Honorary - NAC member for at least 10 years

5. If Membership Status Sought (item 3 above) is other than Honorary:

- Please include separate documentation of the Organization's Mission Statement and 990 form.
- For the Service or Associate Service applicant, please list the names of all representatives/deputy representatives by VA facility name on separate sheet OR attach copy of most recent VA VSS report.
- For the Donor or Associate Donor, please list the VA facilities that have received significant funds or materials during the past year on a separate sheet.

6. If type of Membership Request (Item 2) is New – complete the sections A, B, C, & D:

A. National Representative

B. National Certifying Official

Name:

Name:

Address:

Address:

Phone:

Phone:

Email:

Email:

C. National Deputy Representatives (up to 8 with the approval of the Director, Voluntary Service Office):

National Deputy Representative National Deputy Representative National Deputy Representative

Name:

Name:

Name:

Address:

Address:

Address:

City, State, Zip:

City, State, Zip:

City, State, Zip:

Phone:

Phone:

Phone:

Email:

Email:

Email:

D. National Representative will receive Minutes. Check here to receive minutes by e-mail:

7. Person Submitting This Request:

Name:

Title:

Address:

Phone:

Email:

Date of Request:

Print Form

**Submit By
E-Mail**

For Voluntary Service Use Only

Date Received:

Confirmation to Org:

Org File Created in Q Drive

Date

VSS Org Record Created/Updated

Date

Notice Sent to NAC Membership Chair

Date

Notice Sent to NAC Members

Date