



AMERICAN LEGION AUXILIARY CERTIFICATION OF VAVS REPRESENTATIVES

Name of VAMC: _____

Address of VAMC: _____

(City, State, and Zip Code)

**Return to: American Legion Auxiliary
National Headquarters
Attn: VA&R Program Coordinator
3450 Founders Road
Indianapolis, IN 46268 or Fax
to 317-569-4502**

This is to certify the following appointment(s) to be effective until successors are certified. Please complete all requested information. If a person is being removed, please include reason for removal.
* If volunteer is deceased, please supply contact information to whom we may send a note of condolence.

REPRESENTATIVE

NEW CHANGE NAME/ADDRESS REMOVE DECEASED*

Name: _____

Member #: _____

Address: _____

(City, State & Zip)

Phone: _____ Email: _____

Replacing/Reason for Removal: _____

DEPUTY REPRESENTATIVE (if more than one)

NEW CHANGE NAME/ADDRESS REMOVE DECEASED*

Name: _____

Member #: _____

Address: _____

(City, State & Zip)

Phone: _____ Email: _____

Replacing/Reason for Removal: _____

HONORARY REPRESENTATIVE **

NEW CHANGE NAME/ADDRESS REMOVE DECEASED*

Name: _____

Member #: _____

Address: _____

(City, State & Zip)

Phone: _____ Email: _____

Replacing/Reason for Removal: _____

DEPUTY REPRESENTATIVE

NEW CHANGE NAME/ADDRESS REMOVE DECEASED*

Name: _____

Member #: _____

Address: _____

(City, State & Zip)

Phone: _____ Email: _____

Replacing/Reason for Removal: _____

DEPUTY REPRESENTATIVE (if more than one)

NEW CHANGE NAME/ADDRESS REMOVE DECEASED*

Name: _____

Member #: _____

Address: _____

(City, State & Zip)

Phone: _____ Email: _____

Replacing/Reason for Removal: _____

**The VAVS Facility Honorary Representative is a Representative has served at least 10 years on the VAVS Committee and may be appointed this honorary title in appreciation. Honorary Representatives may not hold office; they serve as advisors to the Committee without vote and should receive receive all VAVS Committee correspondence with the other VAVS committee members. Honorary Representatives may serve as members of task groups. (VHA Handbook 1620.01, p20)

Signed: _____

Department President

Approved: _____

National President

Date: _____

Date: _____

Note to Department Secretary—please make a copy for your records.