



# AMERICAN LEGION AUXILIARY CERTIFICATION OF VAVS ASSOCIATE REPRESENTATIVES

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

\_\_\_\_\_

(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. PLEASE NOTE: Any Associate Representatives and Associate Deputy Representatives live and hold ALA membership in an adjoining state to the facility where they volunteer. This is VA Policy, not ALA Policy.

## ASSOCIATE REPRESENTATIVE

NEW  ADDRESS CHANGE  REMOVE  DECEASED\*

Name: \_\_\_\_\_

Member #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(City, State & Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Replacing/Reason for removal: \_\_\_\_\_

(Name)

## ASSOCIATE DEPUTY REPRESENTATIVE

NEW  ADDRESS CHANGE  REMOVE  DECEASED\*

Name: \_\_\_\_\_

Member #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(City, State & Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Replacing/Reason for removal: \_\_\_\_\_

(Name)

\*If volunteer is deceased, please supply contact information to whom we may send a note of condolence.

Signed: \_\_\_\_\_

ALA Department President

Approved: \_\_\_\_\_

ALA National President

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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