



VAVS VOLUNTEER FORM

FOR

VAVS REPRESENTATIVES, DEPUTY REPRESENTATIVES, ASSOCIATE REPRESENTATIVES AND ASSOCIATE DEPUTY REPRESENTATIVES 2020-2021

- _____ I agree to be the VAVS Representative
- _____ I agree to be the VAVS Deputy Representative
- _____ I agree to be the VAVS Associate Representative
- _____ I agree to be the VAVS Associate Deputy Representative

at the _____
Name of the VAMC or other facility

_____ I decline the appointment

*Member ID# _____ *Auxiliary No. _____

*Name _____

*Address _____

*City, State, ZIP Code _____

*Phone No. _____

**Email Address _____

*Signature _____

Representative, Deputy Representative, Associate and Deputy Associate Representative
(not to be completed by anyone except the volunteer)

Date _____

*required information **if you do not have an email address, please indicate by putting the word none

Signature 2020-2021 Department President (not typed)

This form is to be completed by every VFW Auxiliary member appointed to the position of VAVS Representative, Deputy Representative, Associate Representative and Deputy Associate Representative, each year he/she is appointed.

This form must accompany the **completed** blank VAVS form sent to the Department Senior Vice President in March, when it is returned to National Headquarters with the VAVS appointments for the year and when any changes are made during the year.

Print as many copies as needed for each member appointed