



AMVETS VAVS REPRESENTATIVE / DEPUTIES / ASSOCIATES APPOINTMENT FORM*

As Department Commander, I recommend that the AMVETS member(s) listed below be certified as an AMVETS VAVS representative to serve a **two-year term** at the VA medical facility listed below.

The terms are as follows: 1. A-M even years, and 2. N-W odd years

NOTE: Please use a separate form for each medical facility.

Only one (1) representative and up to three (3) deputy representative may be certified at a facility. Representative/deputies can only be certified at *one* (1) VA medical facility.

➤ **VA Medical Facility:** _____

AMVETS Member's Name: _____	<input type="checkbox"/> NEW Appointment *		
Street Address: _____			
City, State, Zip: _____			
Home Phone: (_____)____ - _____	Work Phone: (_____)____ - _____		
Email: _____			
Membership Status (check one): <input type="checkbox"/> Life	<input type="checkbox"/> Annual	Post #: _____	
Recommended for: <input type="checkbox"/> Rep.	<input type="checkbox"/> Dep	<input type="checkbox"/> Assoc. Rep.	<input type="checkbox"/> Assoc. Dep

AMVETS Member's Name: _____	<input type="checkbox"/> NEW Appointment *		
Street Address: _____			
City, State, Zip: _____			
Home Phone: (_____)____ - _____	Work Phone: (_____)____ - _____		
Email: _____			
Membership Status (check one): <input type="checkbox"/> Life	<input type="checkbox"/> Annual	Post #: _____	
Recommended for: <input type="checkbox"/> Rep.	<input type="checkbox"/> Dep	<input type="checkbox"/> Assoc. Rep.	<input type="checkbox"/> Assoc. Dep

Department Commander (Signature)

Date

Department Commander (Printed)

Dept.

Telephone Number

➤ **Send completed form to:** AMVETS National
Attn: VAVS Certifying Official / Karla Lathroum
4647 Forbes Blvd.
Lanham, MD 20706 OR
Email: KLathroum@amvets.org or CEtheredge@amvets.org