



**Women's Army Corps Veterans Association Inter Organizational Memorandum**

FROM: Chapter (Name & No.) \_\_\_\_\_ Date: \_\_\_\_\_

TO: Convention Registration Chairperson

CC: Convention Credentials Chairperson

National Treasurer Suzanne LaRocca CPA  
580 Aderholt Mill Road.  
Jacksonville, AL 36265

National Corresponding Secretary Terry Lee Scott  
18002 Richmond Place Dr, Apt 3422  
Tampa, FL 33647

SUBJECT: Chapter Delegates to Annual Convention

**Delegates to Annual Convention**

**Name of Chapter President (for current year ending 30 June):** \_\_\_\_\_

Chapter President **WILL:** \_\_\_\_\_ **WILL NOT:** \_\_\_\_\_ attend in her capacity as a National Officer or Standing Committee Chairperson. If the Chapter President will not attend the convention, or will be attending in her capacity as a National Officer or Standing Committee Chairperson, the following **Chapter member is named as Chapter President Representative:**

\_\_\_\_\_

| CHAPTER DELEGATES | CHAPTER ALTERNATES |
|-------------------|--------------------|
| 1. _____          | 1. _____           |
| 2. _____          | 2. _____           |
| 3. _____          | 3. _____           |
| 4. _____          | 4. _____           |
| 5. _____          | 5. _____           |
| 6. _____          | 6. _____           |
| 7. _____          | 7. _____           |
| 8. _____          | 8. _____           |
| 9. _____          | 9. _____           |
| 10. _____         | 10. _____          |

**\*Note: INDICATE IF THE DELEGATE OR ALTERNATE IS TO HAVE A PROXY VOTE. Remember the cost of each proxy vote is \$10.00**

Signed Chapter President or Secretary (specify which): \_\_\_\_\_

**Women's Army Corps Veterans Association Inter Organizational Memorandum**

FROM: Name of Delegate: \_\_\_\_\_ Date: \_\_\_\_\_  
Chapter Name: \_\_\_\_\_ Number: \_\_\_\_\_

TO: Convention Registration Chairperson

CC: Convention Credentials Chairperson

National Treasurer Suzanne LaRocca CPA  
373 Avery Dr.  
McClellan, AL 36205 National Treasurer Suzanne LaRocca CPA  
580 Aderholt Mill Road.  
Jacksonville, AL 36265

National Corresponding Secretary Terry Lee Scott  
18002 Richmond Place Dr, Apt 3422  
Tampa, FL 33647

SUBJECT: Proxy Authorization

**Proxy**

Please be advised that: \_\_\_\_\_ Delegate  
(Name of person **NOT** attending convention)

From Chapter Name: \_\_\_\_\_ Number: \_\_\_\_\_

In City: \_\_\_\_\_ State \_\_\_\_\_

at the Annual Convention of the Women's Army Corps Veterans Association scheduled to be held at the \_\_\_\_\_ in: \_\_\_\_\_ hereby appoint the following as my Proxy, to vote and act in my name at all meetings and on all matters where authorized by the National Bylaws, with the same effect as if I were personally present.

Appointed member holding Proxy: \_\_\_\_\_  
(Name of person attending convention)

Proxy Holder will be attending the convention as a:

Chapter Delegate: \_\_\_\_\_

Chapter President or her Representative: \_\_\_\_\_

National Officer or National Standing Committee Chairperson from my Chapter: \_\_\_\_\_

I hereby revoke any Proxy or Proxies heretofore given by me to any person.

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

**WACVA Convention Guest Registration Form**

**Honorary Member if Attending**

Name: \_\_\_\_\_ Name of WACVA Member: \_\_\_\_\_

Guest's Address: \_\_\_\_\_  
Street City State & Zip

Email address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Honorary Member: \_\_\_\_\_

Meals will be attended: Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

**Mother of Member if Attending**

Name: \_\_\_\_\_ Name of WACVA Member: \_\_\_\_\_

Guest's Address: \_\_\_\_\_  
Street City State & Zip

Mother: \_\_\_\_\_

Meals will be attended: Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

**Daughter of Member if Attending**

Name: \_\_\_\_\_ Name of WACVA Member: \_\_\_\_\_

Guest's Address: \_\_\_\_\_  
Street City State & Zip

Daughter: \_\_\_\_\_

Meals will be attended: Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

**Guest of Member Attending**

Name: \_\_\_\_\_ Name of WACVA Member: \_\_\_\_\_

Guest's Address: \_\_\_\_\_  
Street City State & Zip

Meals will be attended: Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

**Guest of Member Attending**

Name: \_\_\_\_\_ Name of WACVA Member: \_\_\_\_\_

Guest's Address: \_\_\_\_\_  
Street City State & Zip

Meals will be attended: Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

***Be sure to include meal selections and payment for your guests with your registration.***

**There is no registration fee for Honorary Members, or Guests.**

**WACVA \_\_\_\_\_ Convention Social Reservations Form**

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

Check only one plus visitor: Chapter #: \_\_\_\_\_ MAL: \_\_\_\_\_

Visitor: \_\_\_\_\_ Visitors name(s): \_\_\_\_\_

|   | <u>Qty.</u>            | <u>Total</u>    |
|---|------------------------|-----------------|
| <b>Company Party (Fri. Evening 21 Aug</b>                     |                        |                 |
| _____ (\$ )   | _____                  | \$ _____        |
| _____ (\$ )   | _____                  | \$ _____        |
| *Chef's Choice Vegetarian (\$ )                               | _____                  | \$ _____        |
| <b>Pallas Athene Luncheon Sat. 22 Aug</b>                     |                        |                 |
| _____ (\$ )   | _____                  | \$ _____        |
| _____ (\$ )   | _____                  | \$ _____        |
| *Chef's Choice Vegetarian (\$ )                               | _____                  | \$ _____        |
| <b>President's Luncheon Sun 23 Aug</b>                        |                        |                 |
| _____ (\$ )   | _____                  | \$ _____        |
| _____ (\$ )   | _____                  | \$ _____        |
| *Chef's Choice Vegetarian (\$ )                               | _____                  | \$ _____        |
| <b>Registration Fee must be paid by all members attending</b> | <b>\$15.00</b>         | \$ _____        |
| <b>PROXY vote for Chapter member (if you carry a proxy)</b>   | <b>each at \$10.00</b> | \$ _____        |
| <b>Date forwarded: _____</b>                                  | <b>Total Enclosed:</b> | <b>\$ _____</b> |

*\*Chef's Choice includes meals for Vegetarian and those with dietary restrictions*

**Make checks for total amount payable to: "WACVA CONVENTION FUND"**

Mail check with Registration Form, Social Events Form and Emergency Information Form to:  
Convention Registration Chairperson

**Registration Checklist** Have you prepared and included:

- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Social Reservation Form (including guests if applicable)
- \_\_\_\_\_ Proxy Authorization Memorandum (if applicable)
- \_\_\_\_\_ Emergency Information Form (including forms for guests if applicable)
- \_\_\_\_\_ Check for total due

**WACVA Emergency Information Form**

Member's Name: \_\_\_\_\_ Chapter Number or MAL: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Primary contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State & Zip

If unable to contact person above, please give name, phone number, address and relationship of an alternate contact.

Alternate contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State & Zip

Are you allergic to any medications? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes please specify: \_\_\_\_\_

If you have any medical problems that we should be aware of in case of emergency, please indicate here:

Asthmatic: \_\_\_\_\_ Allergies including food: \_\_\_\_\_

Diabetic: \_\_\_\_\_ Other: \_\_\_\_\_

**WACVA Guest Emergency Information Form** (please make additional copies if necessary)

Guest's Name: \_\_\_\_\_ Guest of: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Primary contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State & Zip

If unable to contact person above, please give name, phone number, address and relationship of an alternate contact.

Alternate contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State & Zip

Are you allergic to any medications? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes please specify: \_\_\_\_\_

If you have any medical problems that we should be aware of in case of emergency, please indicate here:

Asthmatic: \_\_\_\_\_ Allergies including food: \_\_\_\_\_

Diabetic: \_\_\_\_\_ Other: \_\_\_\_\_

