

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

FORMS

This Document is designed to supplement the information contained in all the Handbooks and Bylaws.

These forms shall be used in transmitting information to the National Association. They may be reproduced. Computer generated forms shall be exact duplicates.

Committee Chair's names, addresses and phone numbers are listed in each issue of The Channel

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**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**APPLICATION FOR MEMBERSHIP
Inter Organizational Memorandum**

Name: _____
Address: _____
City: _____ State: _____ Zip + 4: _____
Telephone No: (_____) _____ Date of Birth: _____
Email Address: _____
Name(s) while in Service: _____
Branch of Military Service: _____
Beginning date of Service: _____ End date of Service: _____
Places served: _____

Signature: _____ Date: _____
How did you hear about our organization? _____

Please do not write below this line

Directions: If you are a woman who wishes to join WACVA – Army Women United as a chapter member you may submit this application to the Membership Chair of that chapter. If there is no chapter in your area, and you wish to join as a member-at-large; mail this application along with your annual dues to WACVA-AWU.

All applications for membership ***must be accompanied by a copy of your DD 214 (Certificate of Release or Discharge from Active Duty) or official retirement documents or equivalent official evidence of service. If currently serving, a copy of your military ID.***

1. Eligibility: Women who provide evidence that they are: current, former or retired members of the U.S. Army, Army National Guard or the U.S. Army Reserve, regardless of rank, may join WACVA – Army Women United as Regular Members. Women who provide evidence that they have served, retired from, or are now serving honorably with any branch of the military other than the Army may join as Affiliate Members.
2. Regular Membership dues are \$35.00 per year; this does not include chapter dues; our fiscal year is July 1 thru June 30. For NEW members joining after Jan 1st, dues to the end of that fiscal year are \$17.50 and then \$35.00 per fiscal year thereafter, no matter when you renew.
3. Affiliate member dues are at the discretion of the applicable Chapter.
4. Attach a COPY of your discharge paperwork and/or official documents, BLACK OUT YOUR SOCIAL SECURITY NUMBER. These copies WILL NOT be returned to you because WACVA – AWU is required to securely maintain these documents to preserve our veteran organization status.
5. All Regular Members will receive six (6) issues of the official national publication, "THE CHANNEL", per year. Associate Members do not receive "THE CHANNEL". Regular and Associate Members will receive monthly issues of their local publication where applicable.

Name and date of approving authority: _____
Amount of dues received: _____ Card number issued: _____
Mail to:
WACVA – National Headquarters
P.O. BOX 663 Weaver, AL 36277

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Candidate Profile for National Office
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): _____ Date: _____
or Member-at-Large: _____
TO: National Nominating Committee Chairperson
SUBJECT: Candidate Profile

Profile Form - Candidate for National Office

Name of Candidate: _____

Address of Candidate: _____
STREET

_____ CITY STATE ZIP CODE

Phone Number of Candidate: (____) _____

The name of _____ is submitted as a candidate for the
office of _____ in the WACVA-AWU and offers the
following profile in support of its submission:

1. Service at the National Level:

2. Service at the Local Level:

3. Other pertinent information: (This may include other veterans work, service in the
Army, employment, education, and membership in other organizations.)

Signature of Sponsor _____

This form must be submitted in duplicate.

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Chapter Officers Form A
Inter Organizational Memorandum**

FROM: Chapter Secretary _____ Date: _____

TO: THE CHANNEL Editor:
National Secretary

SUBJECT: Chapter Officers

Chapter (Name & No.): _____

The following is a list of the Chapter Officers for publication in the annual bulletin.

President: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

First Vice-President: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Second Vice-President: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Secretary: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Treasurer: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Chaplain: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Sergeant-at-Arms: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Meetings: _____ Chapter Paper _____

Editor: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Signatures: (Secretary) _____

(Chapter President): _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Community Projects Chapter Annual Report
Inter Organizational Memorandum**

FROM: Name/Chapter _____ Date: _____
 TO: Community Projects Chairperson
 SUBJECT: Annual Report on Community Projects-

Please print

| <i>Activity</i> | <i>Approximate Hours</i> | |
|--|--------------------------|---------------------|
| <i>Volunteering for Organizations</i> | <i>Monthly Total</i> | <i>Yearly Total</i> |
| NON-Veteran Hospital /Clinic | | |
| NON-Veteran Retirement Center/Nursing Home | | |
| Senior Center | | |
| Handicapped | | |
| School/Library | | |
| Other: | | |
| <i>Aiding and Volunteering for Individuals:</i> | | |
| Driving People to appointments, etc. | | |
| Helping shut-ins/Handicapped | | |
| Meals on Wheels or similar projects | | |
| Assisting Neighbors/Friends | | |
| Funds Drives: i.e., United Way, Cancer, Heart, Arthritis Walks, etc. | | |
| Other: | | |
| <i>Special Projects:</i> | | |
| Collecting Clothing, Coupons, Can Labels, Tabs, etc. | | |
| Working in Soup Kitchen, Shelters, etc. | | |
| Reading for the Blind/Eyes for the Needy | | |
| Tutoring | | |
| Aiding Local Community Groups | | |
| Total hours: | | |
| Money donation to National | | |
| Money donations to Chapter | | |
| Money donations - Individual | | |
| Total Monies donated: | | |

Please use additional sheet(s) if necessary, to describe a community service not covered.

Signature: _____
 (MAL, President or Community Chairperson)

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Community Projects Individual Annual Report
Inter Organizational Memorandum**

FROM: (Member): _____ Date: _____
 TO: Chapter Chairperson, Community Projects
 SUBJECT: Community Projects Individual Annual Report

Volunteering in the Community

SUBJECT: Annual Report on Community Projects-

| <i>Activity</i> | <i>Approximate Hours</i> | |
|---|--------------------------|---------------------|
| <i>Volunteering for Organizations</i> | <i>Monthly Total</i> | <i>Yearly Total</i> |
| <i>NON-Veteran Hospital /Clinic</i> | | |
| <i>NON-Veteran Retirement Center/Nursing Home</i> | | |
| <i>Senior Center</i> | | |
| <i>Handicapped</i> | | |
| <i>School/Library</i> | | |
| <i>Other:</i> | | |
| <i>Aiding and Volunteering for Individuals:</i> | | |
| <i>Driving People to appointments, etc.</i> | | |
| <i>Helping shut-ins/Handicapped</i> | | |
| <i>Meals on Wheels or similar projects</i> | | |
| <i>Assisting Neighbors/Friends</i> | | |
| <i>Funds Drives: i.e., United Way, Cancer, Heart, Arthritis Walks, etc.</i> | | |
| <i>Other:</i> | | |
| <i>Special Projects:</i> | | |
| <i>Collecting Clothing, Coupons, Can Labels, Tabs, etc.</i> | | |
| <i>Working in Soup Kitchen, Shelters, etc.</i> | | |
| <i>Reading for the Blind/Eyes for the Needy</i> | | |
| <i>Tutoring</i> | | |
| <i>Aiding Local Community Groups</i> | | |
| <i>Total hours:</i> | | |
| <i>Money donation to National</i> | | |
| <i>Money donations to Chapter</i> | | |
| <i>Money donations - Individual</i> | | |
| <i>Total Monies donated:</i> | | |

Please use additional sheet(s) if necessary to describe a community service not covered.

Member's Signature: _____

Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)
Convention Delegates
Inter Organizational Memorandum

FROM: Chapter (Name & No.) _____ Date: _____
TO: National Credentials Chairperson
National Treasurer
National Secretary
SUBJECT: Chapter 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.

Signed Chapter President or Secretary (specify which): _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Convention Proxy Authorization
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) _____ Date: _____
TO: National Credentials Chairperson, Annual Convention, WACVA
SUBJECT: Proxy Authorization

Proxy

Please be advised that I, _____,

Delegate from Chapter (number and name): _____

In (City and State): _____ to the

Annual Convention of the Women's Army Corps Veterans' Association scheduled

to be held at the (name of hotel): _____

in (name of City and State): _____

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: _____

Status of Proxy Holder:

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: _____

Place: _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Death Notice Form
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): _____ Date: _____
TO: National Chaplain
SUBJECT: Death Notice

Information for National Chaplain

NAME OF DECEASED: _____
NAME IN SERVICE: _____ SERVICE SERIAL NUMBER _____
DATE OF DEATH: _____ CHAPTER NO.: _____ MAL: _____
NAME OF NEXT OF KIN: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP +4: _____
REPORTED BY: _____ CHAPTER NO.: _____ MAL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP +4: _____

Information for National Chaplain

NAME OF DECEASED: _____
NAME IN SERVICE: _____ SERVICE SERIAL NUMBER _____
DATE OF DEATH: _____ CHAPTER NO.: _____ MAL: _____
NAME OF NEXT OF KIN: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP +4: _____
REPORTED BY: _____ CHAPTER NO.: _____ MAL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP +4: _____

Information for National Chaplain

NAME OF DECEASED: _____
NAME IN SERVICE: _____ SERVICE SERIAL NUMBER _____
DATE OF DEATH: _____ CHAPTER NO.: _____ MAL: _____
NAME OF NEXT OF KIN: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP +4: _____
REPORTED BY: _____ CHAPTER NO.: _____ MAL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP +4: _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Grievance Form
Inter Organizational Memorandum**

Your Name: _____

Chapter or MAL: _____ Grievance #: _____

Email: _____ Phone: _____ Cell: _____

Mailing Address: _____

Date, time and place of occurrence: _____

Detailed account of occurrence: Include names of persons involved. Attach any pictures, diagrams, or copies of evidence. Attach witness statements, signed and dated.

How does this violate National or Chapter Bylaws? _____

What has been done to resolve this grievance? List chapter individuals who have been contacted: _____

Proposed resolution to this grievance: _____

DATES: Submitted: _____ Received by National President: _____

Received by Grievance Chair: _____ Resolution to National President: _____

Resolution to Grievant: _____ Signature of the Grievant: _____

Grievant should retain a copy of this form and all attachments for her records.

State only one grievance per form. Opinions and hearsay are not facts.

All facts should be relevant to this particular event. Identify how this fact is relevant to your grievance.

11/2018

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Honorary Membership
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): _____ Date: _____

TO: National President:

SUBJECT: Honorary Membership (National or Chapter)

Please issue a Certificate of Honorary Membership for a Supporting Woman who is not eligible to be member:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Please issue a Certificate of Honorary Membership for a Supporting Woman who is not eligible to be member:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Please issue a Certificate of Honorary Membership for a Supporting Woman who is not eligible to be member:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Please issue a Certificate of Honorary Membership for a Supporting Woman who is not eligible to be member:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Signatures: (Chapter President): _____

Signatures: (National President): _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Honorary Membership for Mothers
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): _____ Date: _____
TO: National President:
SUBJECT: Honorary Membership for Mothers of WACVA Members

Please issue a Certificate of Honorary Membership for Mothers for the following:

Mother's name: _____ Mother of: _____
Mother's Mailing Address: _____
City: _____ State: _____ Zip +4 _____

Please issue a Certificate of Honorary Membership for Mothers for the following: Mother's name: _____ Mother of: _____

Mother's Mailing Address: _____
City: _____ State: _____ Zip +4 _____

Please issue a Certificate of Honorary Membership for Mothers for the following:

Mother's name: _____ Mother of: _____
Mother's Mailing Address: _____
City: _____ State: _____ Zip +4 _____

Please issue a Certificate of Honorary Membership for Mothers for the following:

Mother's name: _____ Mother of: _____
Mother's Mailing Address: _____
City: _____ State: _____ Zip +4 _____

Please issue a Certificate of Honorary Membership for Mothers for the following:

Mother's name: _____ Mother of: _____
Mother's Mailing Address: _____
City: _____ State: _____ Zip +4 _____

Signatures: (Chapter President): _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Letter of Transfer
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): _____ Date: _____

TO: Chapter (Name & No.): _____ MAL status: _____

SUBJECT: Letter of Transfer

This is to certify that: (name of member) _____

is and has been a member in good standing in our Chapter of the WACVA since: _____.

She has requested a transfer of her membership from this chapter to become a
Member-at- Large (MAL) or a member of a new chapter for the following reason(s):

Note: She has held the following offices: _____

Signatures: President: _____

Second Vice President: _____

Treasurer: _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Membership Annual Report
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): _____ Date: _____
TO: National Second Vice President
SUBJECT: Membership Annual Report

1. Annual Membership Report for Fiscal Year: _____ (Year ending 30 June)

Total paid members *: _____

New Members since 1 July, _____

Number Dropped as of 30 June, _____

Transferred into Chapter from MAL Status: _____

Transferred into Chapter from other Chapter(s): _____

Total transferred out of Chapter: _____

*ACTUAL NUMBER OF MEMBERS AS OF 30 JUNE, _____
(Dues must have been received by National Treasurer by 30 June) Note: DO

NOT include Associate or Honorary Members in your total.

2. Comments: _____

Chapter Membership Chairperson: _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

INSTRUCTIONS FOR NATIONAL DUES TRANSMITTAL FORM

Chapter Dues are due by July 1 of each Fiscal Year. **A member's dues are delinquent if not received at the WACVA-AWU HEADQUARTERS by October 1.** Transmittals should be forwarded as frequently as necessary and the last one of the Fiscal Year should be at WACVA-AWU HQ no later than June 30. Paid members receive the "THE CHANNEL" newsletter six times a year; members whose dues are not received by Oct 1 will not receive the newsletter until their dues have been forwarded to WACVA-AWU Headquarters.

Proof of honorable service: New member's dues will not be processed by WACVA Headquarters without a copy of their proof of honorable service. **If a membership transmittal includes a new member and no proof of service is provided for the member, the transmittal and check will be returned to the chapter.**

Chapters must provide proof of service documents on all current members NO LATER THAN OCTOBER 1, 2019. If a Chapter needs to check to see whether a current member's documents are file in WACVA-AWU HQ, email the Administrative Assistant at wacvanlhq@aol.com for a list of Chapter members who require verification. Please black out social security numbers on documents before mailing them.

Chapters are not required to retain proof of service files. If a Chapter chooses to keep this documentation, it must be secured and accessible to the Chapter officers only. Personal and private proof of service information should not be released for any purpose without the permission of the member.

WACVA-AWU, like all nationally chartered veterans' organizations, are required by IRS rules to ensure all regular members have served honorably. WACVA-AWU HQ must retain proof of service documentation and maintain a roster of all its members, including their service dates, because we are subject to IRS audit.

Members listed on the Transmittal are to be in alphabetical order. Each additional Transmittal forwarded after #1 should commence with the next number in sequence. Do not list auxiliary or associate members. **Please prepare the Transmittals as follows:**

Card # **Membership Cards** are provided for Chapter use by WACVA-AWU HQ and are the only cards authorized to be issued to our members. Chapters are to number and sign each card when issuing the card. Membership cards are used at the convention to verify delegates and ensure membership. Request sufficient cards from the Administrative Assistant by email to wacvanlhq@aol.com so members can promptly receive their membership cards.

R **Renewal Code** - Chapter members renewing their membership.

N **New Member Joining Code** - Indicate under remarks - **NEW**

TRF **Transfer Code.** Chapter Member who was formerly a MAL or member transferring from one chapter to another. In remarks section, indicate if member is a MAL transfer with MAL number or state if member is a "Former

Member of Chapter ____". If their National Dues for the fiscal year were already paid, DO NOT FORWARD ANY MONEY. If they have not paid their dues for the fiscal year, collect dues and send it in. Issue a new membership card.

RE **Reinstated Code.** A previous member who has not been a member of your Chapter for a year or more.

***Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)***

D **Deceased Code** indicates the member is deceased.

V The **V Code** indicates that the member's proof of honorable service was provided to the Chapter or is already on file at WACVA-AWU HQ. Proof of honorable service must be sent to WACVA-AWU Headquarters on all members NO LATER THAN OCTOBER 1, 2019. Any new member's dues must be forwarded with a copy of their proof of honorable service. DD214, official retirement documents or equivalent official federal or state evidence of honorable service. If currently serving, a statement of honorable service from their records custodian or commander. Do not provide a copy of a military ID card; it is illegal to copy it. **If the member's current last name is not the same name as is on their documentation, note that in the Remarks section of the Transmittal.**

If a member has a **name change and/or address change**, indicate such in the **“Remarks Section”** of the Transmittal.

If a member **pays dues in advance of the current fiscal year** their name should still appear on the FY Transmittal. Indicate in Remarks that advance dues were previously paid.

| | | |
|----------------------------|---------|--|
| Current National dues are: | \$35.00 | All Renewals and New Members for the Full year July 1 st |
| | \$17.50 | New members joining between January 1st through June 30 |

CHECKS ARE TO BE MADE PAYABLE TO: WACVA-AWU (not to the Treasurer or the Treasurer's name).

EXAMPLES:

| CARD NO. | CODE | NAME, ADDRESS, & ZIP +4 | AMOUNT | REMARKS |
|----------|------|---|--------|--|
| 1/97 | R | Adams, Peggy Sue 111 Smith Avenue Chicago, IL 60606-6266 | | New Address V at HQ |
| 2/97 | N | Brown, Ann 3012 3012 Brown Court Chicago, IL 60605-1212 | | New Member V- DD214 attached |
| 3/9 | TRF | Kelly, Joan 111 Smith Avenue Chicago, IL 60604-9898 | | From MAL #18-97 Dues paid V at HQ |
| 4/97 | TRF | King, Louise 303 Norway Street Chicago, IL 60606-6266 | | TRF from #3 Dues paid to Chapter 3 V at HQ |
| 5/97 | RE | Wood, Betty 2112 Palm Desert Blvd. Chicago, IL 60605-5555 | | Reinstated Prior member V-at HQ |

Review the transmittal before mailing so that it can be promptly processed. Both WACVA-AWU Headquarters and each Chapter is responsible for maintaining accurate membership information.

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

Women's Army Corps Veterans' Association Army Women United

FROM: Chapter #

Date:

TO: Administrative Assistant, National Headquarters

SUBJECT: National Dues/Membership Transmittal

TRANSMITTAL FORM NUMBER: _____ DATE: _____ A check in the amount of \$_____ is enclosed for the National membership dues of the following, for fiscal year ending 30 June _____.

Prepared by: (Name of person and position)

Email address:

Phone number:

Mailing address:

List members alphabetically by last name.

| CARD NO. | CODE | NAME, ADDRESS, & ZIP +4 | AMOUNT | REMARKS |
|----------|------|-------------------------|--------|---------|
|----------|------|-------------------------|--------|---------|

Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)
National Honor Guard Application
Inter Organizational Memorandum

FROM: (Applicant's name) _____ Date: _____
Printed

TO: National President

SUBJECT: Application for Membership in the National Honor Guard

Copies of the application form may be obtained from the National website, Captain of the Honor Guard and may be reproduced locally by the Chapter.

I would like to volunteer to be a member of the National Honor Guard. I pledge to participate in one or more of the required appearances in the National Honor Guard Uniform each Fiscal Year.

I am a: Member of Chapter # _____, or a Member-at-Large _____

I affirm that I am able to meet the physical requirements necessary to be a member of the Honor Guard, as indicated in the Honor Guard Handbook.

Height: _____ Weight: _____ Date of birth: _____ (DD/MO)

Street Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Hm: (____) _____ C: (____) _____ Email: _____

Applicant's Signature: _____

Chapter President: _____

Signature

Date: _____

Printed

Approved the application for the above applicant for membership in the National Honor Guard and verified the information provided by applicant.

Chapter Name & Number or MAL: _____

If applicant is the Chapter President then Chapter 1st VP signs and in case of MAL, National MAL Chairperson signs.

National President's Signature: _____ Date: _____

Appointed: _____ Not Appointed: _____ Applicant Notified: _____

National Sergeant-at-Arms Notified _____

Signature

Date: _____

Printed

Honor Guard Captain: _____

Signature

Date: _____

Printed

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Publicity – Annual Report
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) _____ Date: _____

TO: National Publicity Chairperson

SUBJECT: Annual Report on Publicity

Annual reports will be sent to the National Publicity Chairperson by 3 July. The report should include: (Use extra sheets of paper if necessary.)

1. Newspaper publicity: (Include clippings, name of publication and date.)

2. TV stations and cable: (List type of coverage.)

3. Radio: (List type of coverage.)

4. Speeches: (List events and name of person giving speech, including date and place.)

5. Other events where publicity was presented about the Women's Army Corps Veterans' Association.

Chapter Publicity Chairperson: _____

Chapter President: _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Request for Reimbursement
Inter Organizational Memorandum**

FROM: Name: _____ Date: _____

TO: National President

SUBJECT: Request for Payment

Make check payable to: _____

Send to: _____

Reimbursement requested for the following items:

| CHARGE TO POSTAGE, SUPPLIES, TRAVEL, ETC. | AMOUNT |
|---|--------|
|---|--------|

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|--|-------|--|
| | TOTAL | |
|--|-------|--|

Each item for which payment is requested must be accompanied by a valid receipt or invoice attached to this Request for Payment

Requested by: _____

Approved by (National President): _____

Date Approved: _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Veteran Affairs Voluntary Service (VAVS) Annual Report
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) _____ Date: _____
TO: National Hospital/VAVS Representative
SUBJECT: Hospital VAVS Annual Report

Volunteering as Hospital VAVS Representative

1. Name of VA Hospital(s): _____
2. Non-VA Hospital(s): _____
3. VAVS Representatives, Number: _____
4. Deputy Representatives, Number: _____
5. Number Regular Scheduled Volunteers: _____
Number Non-Chapter Volunteers: _____
Total Number of Volunteers: _____
Total Number of Hours: _____
6. Number VAVS Meetings Attended:
Representatives: _____ Deputy Representatives: _____
7. Services to which Volunteers assigned: _____

Certificates/Awards: (Annual only) Give Names: _____

8. Parties: Number: _____ Types: _____
9. Donations: Money: _____ Objects: _____
10. Chapter participated in the following activities:
National Salute: _____ Holiday Events: _____ Memorial Day: _____
Patient Carnival: _____ Veterans Day: _____ Ward Parties: _____
National Hospital Day Blood Drive: _____ Other: _____
11. Refreshments furnished: _____
12. Special assistance to Female Patients: _____
13. Remarks: _____

Hospital/VAVS Chairperson: _____
Chapter President Approval: _____

**Women's Army Corps Veterans' Association - Army Women United
(WACVA-AWU)**

**Veteran Affairs Voluntary Service (VAVS) Certification Request
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) _____ Date: _____

TO: National Hospital/VAVS Representative

SUBJECT: VAVS Representative and/or Deputy Representative Certification and
Re-certification Request

1. Name and complete address of the VA Medical Center

2. Name of the Chief of Voluntary Service for the VA Medical Center: _____

3. VAVS Representatives for (RE)Certification

Name: _____

Address: _____

Home Phone Number: () _____ Work Phone: () _____

4. VAVS Deputy Representative for (RE)Certification

Name: _____

Address: _____

Home Phone Number: () _____ Work Phone: () _____

This is a New Certificate: _____ This is a Re-certification: _____

Request that the named Representative be certified for a period of:

One year: _____ Two years: _____ Until Replacement is named: _____

If the Chapter has more than one Deputy Representative, Check here: _____

and provide complete information on each, as above, on the bottom & reverse of
this form.

Chapter President: _____ Date: _____

VAVS Deputy Representative for (RE)Certification

Name: _____

Address: _____

Home Phone Number: () _____ Work Phone: () _____

VAVS Deputy Representative for (RE)Certification

Name: _____

Address: _____

Home Phone Number: () _____ Work Phone: () _____