

## FORMS TO BE USED BY CHAPTERS

This portion of the Handbook is designed to supplement the information contained in the suggested Chapter Bylaws.

The forms included in this section shall be used in transmitting information to the National Association. They may be reproduced at the local level. 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**  
**Inter Organizational Memorandum**  
**(WACVA) Army Women United**  
**APPLICATION FOR MEMBERSHIP**

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-Army Women United. 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 will suffice.

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 – Army Women United 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 – Army Women United  
National Headquarters  
P.O. BOX 663  
Weaver, AL 36277

WACVA – Army Women United  
Previous editions of this form are obsolete.

WACVA-CHAP-1  
This form may be photocopied or duplicated.

April 2017

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

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

**DEATH NOTICE FORM - 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: \_\_\_\_\_

**DEATH NOTICE FORM - 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: \_\_\_\_\_

**DEATH NOTICE FORM - 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  
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 reverse side of this form.

Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_

**Women's Army Corps Veterans' Association  
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: \_\_\_\_\_  
Deputy Representatives, Number: \_\_\_\_\_  
Number Regular Scheduled Volunteers: \_\_\_\_\_  
Number Non-Chapter Volunteers: \_\_\_\_\_  
Total Number of Volunteers \_\_\_\_\_  
Total Number of Hours: \_\_\_\_\_
4. Number VAVS Meetings Attended:  
Representatives: \_\_\_\_\_ Deputy Representatives: \_\_\_\_\_
5. Services to which Volunteers assigned: \_\_\_\_\_  
\_\_\_\_\_
6. Certificates/Awards: (Annual only) Give Names: \_\_\_\_\_  
\_\_\_\_\_
7. Parties: Number: \_\_\_\_\_ Types: \_\_\_\_\_
8. Donations: Money: \_\_\_\_\_ Objects: \_\_\_\_\_
9. Chapter participated in the following activities:  
National Salute: \_\_\_\_\_ Holiday Events: \_\_\_\_\_ Memorial Day: \_\_\_\_\_  
Patient Carnival: \_\_\_\_\_ Veterans Day: \_\_\_\_\_ Ward Parties: \_\_\_\_\_  
National Hospital Day Blood Drive: \_\_\_\_\_ Other: \_\_\_\_\_
10. Refreshments furnished: \_\_\_\_\_
11. Special assistance to Female Patients: \_\_\_\_\_  
\_\_\_\_\_
12. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital/VAVS Chairperson: \_\_\_\_\_  
Chapter President Approval: \_\_\_\_\_

**Women's Army Corps Veterans' Association  
Chapter 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>Monthly Total</i>	<i>Yearly Total</i>
<i>Volunteering for Organizations</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  
Inter Organizational Memorandum**

TO: Community Projects Chairperson

FROM: Name/Chapter \_\_\_\_\_ Date: \_\_\_\_\_

Please print

SUBJECT: *Annual Report on Community Projects-*

<i>Activity</i>	<i>Approximate Hours</i>	
	<i>Monthly Total</i>	<i>Yearly Total</i>
<i>Volunteering for Organizations</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  
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  
Inter Organizational Memorandum**

FROM: (Applicant's name) \_\_\_\_\_ Date: \_\_\_\_\_  
TO: National President  
Sergeant-at-Arms  
Captain of the Honor Guard  
SUBJECT: Membership in the National Honor Guard

Copies of the following sample form may be obtained from the National Sergeant-at-Arms, or Captain of the Honor Guard and may be reproduced locally by the Chapter.

Submit the form in triplicate.

**Application for Membership in the National Honor Guard**

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 each Fiscal Year.

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

I further 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: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code+4 \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

\*\*\*\*\*

On (date): \_\_\_\_\_ Chapter (Name & No.): \_\_\_\_\_

Approved the application for the above applicant, for membership in the National Honor Guard and have verified the information above. \_

Chapter President: \_\_\_\_\_

(or 1<sup>st</sup> Vice Pres. If Applicant is Chapter President)

\*\*\*\*\*

Dates:

Appointed: \_\_\_\_\_ Applicant Notified: \_\_\_\_\_

Not Appointed: \_\_\_\_\_ Lieutenant Notified: \_\_\_\_\_

Notice to Channel: \_\_\_\_\_

Captain's Signature: \_\_\_\_\_

National President's Signature: \_\_\_\_\_

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

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

TO: National Treasurer

COPY TO: National 2<sup>nd</sup> Vice President  
National Headquarters

SUBJECT: National Dues 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 June 30, \_\_\_\_.

Please list members alphabetically in numerical sequence by chapter membership card number.

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

Remitted by Chapter Treasurer: \_\_\_\_\_

Page: \_\_\_\_\_ of \_\_\_\_\_

## **Women's Army Corps Veterans' Association**

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

SUBJECT: National Dues Transmittal Continuation Sheet

TRANSMITTAL FORM NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

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

See form WACVA-CHAP-9 for Chapter Treasurer Signature.

Page: \_\_\_\_\_ of \_\_\_\_\_

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

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

TO: THE CHANNEL Editor:  
National Corresponding Secretary  
Chapter File

SUBJECT: Chapter Officers

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 \_\_\_\_\_

Recording Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Corresponding Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Treasurer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

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

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

TO: THE CHANNEL Editor  
Corresponding Secretary  
Chapter File

SUBJECT: Chapter Officers Continued

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: (Corresponding Secretary) \_\_\_\_\_

(Chapter President): \_\_\_\_\_

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

***This page is for historical purposes only. President's Annual Report is no longer required 2 March-2010***

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

TO: National First Vice-President

SUBJECT: Presidents Annual Report

Provide the following, as applicable:

Membership:

Total Number of members: \_\_\_\_\_

Community Projects:

Services Rendered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of members: \_\_\_\_\_

Hospital/Nursing Home Service:

Services Rendered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of members: \_\_\_\_\_

Patriotic Activities:

Veteran's Day: \_\_\_\_\_

Memorial Day: \_\_\_\_\_

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

Total Number of members: \_\_\_\_\_

Cash Donations:

Amount Given: \_\_\_\_\_

Publicity:

TV: \_\_\_\_\_

Radio: \_\_\_\_\_

Newspapers: \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

Number which gave publicity: \_\_\_\_\_

Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

TO: National Credentials Chairperson  
National Treasurer  
National Corresponding Secretary

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.

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

**Women's Army Corps Veterans' Association  
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**  
**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: \_\_\_\_\_

