

## **VETERANS DAY NATIONAL COMMITTEE**

DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS
ATTN: VETERANS DAY COORDINATOR (002D)
810 VERMONT AVENUE, NW

WASHINGTON, DC 20420								
ASSOCIATE MEMBERSHIP APPLICATION								
					DATE SUBMITTED	)		
1. ORGANIZATION			2. ADDRE	SS (Inc	clude City, State and Zi			
3. TELEPHONE NUMBER	4. FAX NUMBER		5. EMAIL A	ADDRE	SS			
6. WEB PAGE ADDRESS	1		7. CURRE	NT NA	TIONAL PRESIDING	OFFICER		
8. WHAT IS THE MAIN PURPOSE OF	F YOUR ORGANIZAT	ION						
9. WHY DO YOU WISH TO JOIN THE	E VETERANS DAY NA	TIONAL COMMIT	ΓΕΕ (VDNC)					
10. WHAT IS THE SIZE OF YOUR MEMBERSHIP				ERSHI	ENTAGE OF YOUR P CONSISTS OF			
12. MEMBERSHIP QUALIFICATIONS								
	MBER OF ACTIVE APTERS	15. NUMBER OF S ACTIVE CHAP		TH 16		ATIONAL BY-LAWS OF fyes, please attach a cop		
17. DO YOU HAVE AN ANNUAL NAT attach a program from your most reco		l (If yes, please	18. DO YO please i YES [	U PRO	DDUCE ANY PERIOD the last three issues wit NO	DIC PUBLICATIONS (If the your application)	yes,	
19. NAME OF PUBLICATION					REQUENCY OF UBLICATION	21. DATE OF FIRST	ISSUE	

22. IS YOUR ORGANIZATION FEDERALLY CHARTERED AND/OR RECOGNIZED OR APPROVED BY THE SECRETARY OF VETERANS AFFAIRS FOR PURPOSES OF PREPARATION, PRESENTATION, AND PROSECUTION OF CLAIMS UNDER LAWS ADMINISTERED BY THE DEPARTMENT OF VETERANS AFFAIRS, AS PROVIDED IN SECTION 5902 (FORMERLY SECTION 3402) OF TITLE 38, UNITED STATES CODE (U.S.C.) AND SUBSECTION 14.628 (a) AND (c) OF TITLE 38, CODE OF FEDERAL REGULATIONS (C.F.R.)  YES NO								
IF YES, WHAT IS YOUR CHARTER'S PUBLIC LAW NUMBER	ON WHAT DATE WERE YO CHARTERED BY CONGRE							
23. IS YOUR ORGANIZATION CLASSIFIED BY THE INTERNAL REVENUE S (If yes, please include evidence of non-profit status, e.g., letter of determination)	ERVICE AS NON-PROFIT	YES	NO 🗌					
24. IF ACCEPTED AS AN ASSOCIATE MEMBER/MEMBER, WILL YOUR OR VETERANS DAY NATIONAL COMMITTEE ASSOCIATE MEMBER/MEMBER (RESPONSIBILITIES AS DESCRIBED IN THE COMMITTEE'S BY-LAWS		YES	NO 🗌					
25. DO YOU HAVE A REPRESENTATIVE WHO WILL ATTEND COMMITTEE WASHINGTON, DC	MEETINGS IN	YES	NO 🗌					
REPRESENTATIVE NAME AND ADDRESS	TELEPHONE NUMBER							
	EMAIL ADDRESS							
APPLICANTS SHOULD SUBMIT SUPPORTING DOCUMENTATION TO ENABLE THE COMMITTEE TO MAKE AN INFORMED DECISION								
SIGNATURE (Ink signature)								
TITLE		DA	NTE					
PLEASE SEND THIS APPLICATION VIA EMAIL: vetsday@va.gov								
SUSPENSE FOR APPLICATIONS IS JUNE 1, 2022								
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