



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

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| | | DATE SUBMITTED | |
| 1. ORGANIZATION | | 2. BUSINESS ADDRESS <i>(Include City, State and Zip Code)</i> | |
| 3. BUSINESS TELEPHONE NUMBER | 4. BUSINESS FAX NUMBER | 5. BUSINESS EMAIL ADDRESS | |
| 6. WEB PAGE ADDRESS | | 7. CURRENT NATIONAL PRESIDING OFFICER | |
| 8. WHAT IS THE MAIN PURPOSE OF YOUR ORGANIZATION | | | |
| 9. WHY DO YOU WISH TO JOIN THE VETERANS DAY NATIONAL COMMITTEE (VDNC) | | | |
| 10. WHAT IS THE SIZE OF YOUR MEMBERSHIP | | 11. WHAT PERCENTAGE OF YOUR MEMBERSHIP CONSISTS OF VETERANS | |
| 12. MEMBERSHIP QUALIFICATIONS | | | |
| 13. DATE FOUNDED | 14. NUMBER OF ACTIVE CHAPTERS | 15. NUMBER OF STATES WITH ACTIVE CHAPTERS | 16. DO YOU HAVE NATIONAL BY-LAWS OR A CONSTITUTION <i>(If yes, please attach a copy)</i> YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 17. DO YOU HAVE AN ANNUAL NATIONAL CONVENTION <i>(If yes, please attach a program from your most recent convention)</i> YES <input type="checkbox"/> NO <input type="checkbox"/> | | 18. DO YOU PRODUCE ANY PERIODIC PUBLICATIONS <i>(If yes, please include the last three issues with your application)</i> YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 19. NAME OF PUBLICATION | | 20. FREQUENCY OF PUBLICATION | 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

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| IF YES, WHAT IS YOUR CHARTER'S PUBLIC LAW NUMBER | ON WHAT DATE WERE YOU CHARTERED BY CONGRESS |
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23. IS YOUR ORGANIZATION CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS NON-PROFIT (If yes, please include evidence of non-profit status, e.g., letter of determination) YES NO

24. IF ACCEPTED AS AN ASSOCIATE MEMBER/MEMBER, WILL YOUR ORGANIZATION HONOR ALL VETERANS DAY NATIONAL COMMITTEE ASSOCIATE MEMBER/MEMBER ORGANIZATION RESPONSIBILITIES AS DESCRIBED IN THE COMMITTEE'S BY-LAWS YES NO

25. DO YOU HAVE A REPRESENTATIVE WHO WILL ATTEND COMMITTEE MEETINGS IN WASHINGTON, DC YES NO

APPLICANTS SHOULD SUBMIT SUPPORTING DOCUMENTATION TO ENABLE THE COMMITTEE TO MAKE AN INFORMED DECISION

SIGNATURE *(Ink signature)*

TITLE

DATE

PLEASE SEND THIS APPLICATION VIA EMAIL: vetsday@va.gov
SUSPENSE FOR APPLICATIONS IS JUNE 1, 2023

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-877-222-8387 for mailing information on where to send your comments.