



# Military Order of the Cootie of the United States "The Honor Degree of the VFW"

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Allan T. Perkins  
Supreme VAVS Representative

The following are the recommendations for the VAVS Committee at the Department of Veterans Affairs Medical Center:

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
VA Medical Center Name Address of the VA Medical Center

Recommendations will be accepted only from the Grand Commander or, if not in a Grand, a local Seam Squirrel. Please give name of person that you are removing as well as the person to be certified.

### REPRESENTATIVE

Please Remove:  
Name: \_\_\_\_\_

Please Certify the following name:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### DEPUTIES

Please Remove:  
Name: \_\_\_\_\_

Please Certify the following name:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Please Remove:  
Name: \_\_\_\_\_

Please Certify the following name:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

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### ASSOCIATE (Across State Lines)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### HONORARY (Must have served at least 10 years as Representative.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Grand Commander: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Grand of: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_