

National Advisory Committee Membership Change

VAVS Organization Name:

Date:

National Representative

<u>Replace</u> Current National Representative	With <u>New</u> National Representative
NAME: <input type="text"/>	NAME: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City, State, Zip: <input type="text"/>	City, State, Zip: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>
Fax: <input type="text"/>	Fax: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>

Check here if this is a change in address only.

National Representative will receive minutes.

Check here to receive minutes by e-mail.

Deputy National Representative(s)

<u>Replace</u> Current Deputy National Representative	With <u>New</u> Deputy National Representative
NAME: <input type="text"/>	NAME: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City, State, Zip: <input type="text"/>	City, State, Zip: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>
Fax: <input type="text"/>	Fax: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>

Check here if this is a change in address only.

(Use 'Comments' on reverse for additional changes.)

Add New Deputy National Representative (replaces none)

NAME: <input type="text"/>	NAME: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City, State, Zip: <input type="text"/>	City, State, Zip: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>
Fax: <input type="text"/>	Fax: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>

National Certifying Official(s)

NAME: <input type="text"/>	NAME: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City, State, Zip: <input type="text"/>	City, State, Zip: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>
Fax: <input type="text"/>	Fax: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>

Address Change

New

Address Change

New

Comments:

Effective Date of Changes:

This request submitted by:

NAME:

Title:

Phone:

RETURN FORM TO:

Mrs. Sabrina C. Clark, Director, Voluntary Service Office (10B2A)
810 Vermont Avenue, NW, Washington, DC 20420

Fax: (202) 495-6208 Phone: (202) 461-7300