

# AMVETS

National Headquarters  
4647 Forbes Boulevard  
Lanham, MD 20706-4380  
(301)459-9600 • (301)459-7924



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## AMVETS VAVS REPRESENTATIVE / DEPUTIES / ASSOCIATES RECOMMENDATION FORM

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As Department Commander, I recommend that the AMVETS member(s) listed below be certified as an AMVETS VAVS representative to serve a **two-year term** at the VA medical facility listed below. Terms to run concurrently with NECmen for your department.

**NOTE: Please use a separate form for each medical facility.**

**Only one (1) representative and up to three (3) deputy representatives may be certified at a facility. Representatives/deputies can only be certified at one (1) VA medical facility.**

**VA Medical Facility:** \_\_\_\_\_

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AMVETS Member's Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Membership Status (check one):    Life                      Annual                      Post # \_\_\_\_\_

Recommended for:    Rep.                      Dep.                      Assoc. Rep.                      Assoc. Dep.

.....  
AMVETS Member's Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Membership Status (check one):    Life                      Annual                      Post # \_\_\_\_\_

Recommended for:    Rep.                      Dep.                      Assoc. Rep.                      Assoc. Dep.

.....  
AMVETS Member's Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Membership Status (check one):    Life                      Annual                      Post # \_\_\_\_\_

Recommended for:    Rep.                      Dep.                      Assoc. Rep.                      Assoc. Dep.

.....  
AMVETS Member's Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Membership Status (check one):    Life                      Annual                      Post # \_\_\_\_\_

Recommended for:    Rep.                      Dep.                      Assoc. Rep.                      Assoc. Dep.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Telephone Number

**Please submit this form to:    AMVETS National VAVS Certifying Official  
AMVETS National Headquarters  
4647 Forbes Boulevard  
Lanham, MD 20706-4380**