



## DEPARTMENT VAVS COORDINATOR APPOINTMENT FORM

As Department Commander, I recommend that the AMVETS member(s) listed is the AMVETS VAVS Coordinator to serve as a liaison between the Department, Reps/Deps and National Programs Department.

**DEPARTMENT:** Type full name of the facility

AMVETS Member's Name: _____	<input type="checkbox"/> <b>NEW Appointment</b>
Street Address: _____	
City, State, Zip: _____	
Home Phone: (____)____ - _____ Work Phone: (____)____ - _____	
Email: _____	
Membership Status (check one): <input type="checkbox"/> Life <input type="checkbox"/> Annual Post #: _____	

Is the VAVS Coordinator:
Representative: yes ___ no ___ Deputy: yes ___ no _____

\_\_\_\_\_  
Department Commander (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Commander (Printed)

\_\_\_\_\_  
Dept.

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

➤ Send completed form to: AMVETS National  
Attn: VAVS Certifying Official / National Programs  
4647 Forbes Blvd.  
Lanham, MD 20706

OR

Email: [programs@amvets.org](mailto:programs@amvets.org)