

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 DATE								
												I	SUBMITTE				
1. ORGANIZATION			2. BUSINE	SS ADDRESS (Include Cit	v, State and Zip Code)												
3. BUSINESS TELEPHONE NUMBER	4. BUSINESS FAX	NUMBER	5. BUSINE	SS EMAIL ADDRESS													
6. WEB PAGE ADDRESS			7. CURREI	NT NATIONAL PRESIDIN	GOFFICER												
9. WHY DO YOU WISH TO JOIN THE V			ΓΕΕ (VDNC)														
10. WHAT IS THE SIZE OF YOUR MEMBERSHIP			MEMBI	PERCENTAGE OF YOUR ERSHIP CONSISTS OF													
12. MEMBERSHIP QUALIFICATIONS				ANS													
	BER OF ACTIVE PTERS	15. NUMBER OF S ACTIVE CHAP	PTERS	CONSTITUTION YES	ATIONAL BY-LAWS OR A If yes, please attach a copy) NO												
17. DO YOU HAVE AN ANNUAL NATIO attach a program from your most recen. YES NO	DNAL CONVENTION t convention)	l (If yes, please	please in YES [nclude the last three issues w	DIC PUBLICATIONS (If yes, ith your application)												
19. NAME OF PUBLICATION				20. FREQUENCY OF PUBLICATION	21. DATE OF FIRST ISSUE												

22. IS YOUR ORGANIZATION FEDERALLY CHARTERED AND/OR RECOGN PURPOSES OF PREPARATION, PRESENTATION, AND PROSECUTION OF VETERANS AFFAIRS, AS PROVIDED IN SECTION 5902 (FORMERLY SECTION 14.628 (a) AND (c) OF TITLE 38, CODE OF FEDERAL REGULA	CLAIMS UNDER LAWS ADMI ION 3402) OF TITLE 38, UNITE	NISTERED BY THE DEPAR	RTMENT OF
IF YES, WHAT IS YOUR CHARTER'S PUBLIC LAW NUMBER	ON WHAT DATE WERE YOU CHARTERED BY CONGRES		
23. IS YOUR ORGANIZATION CLASSIFIED BY THE INTERNAL REVENUE S (If yes, please include evidence of non-profit status, e.g., letter of determination)	SERVICE AS NON-PROFIT	YES NO	
24. IF ACCEPTED AS AN ASSOCIATE MEMBER/MEMBER, WILL YOUR OR VETERANS DAY NATIONAL COMMITTEE ASSOCIATE MEMBER/MEMBER (RESPONSIBILITIES AS DESCRIBED IN THE COMMITTEE'S BY-LAWS	YES NO		
25. DO YOU HAVE A REPRESENTATIVE WHO WILL ATTEND COMMITTEE WASHINGTON, DC $$	MEETINGS IN	YES NO	
APPLICANTS SHOULD SUBMIT SUPPORTING DOCUMENTATION TO ENAB SIGNATURE (Ink signature)	BLE THE COMMITTEE TO MAI	KE AN INFORMED DECISI	ON
TITLE		DATE	
PLEASE SEND THIS APPLICATI SUSPENSE FOR APPLICA		• 0 0	
RESPONDENT BURDEN: VA may not conduct or sponsor, and the respond displays a valid OMB Control Number. Public reporting burden for this collection			

1-877-222-8387 for mailing information on where to send your comments.