

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 MEMBERSHIP APPLICATION						
1. ORGANIZATION	2. BUS	INESS ADDRES	S (Include City	s, State and Zip Code)		
3. BUSINESS TELEPHONE NUMBER 4. BUSINESS FAX	NUMBER 5. BUS	INESS EMAIL AI	DDRESS			
6. WEB PAGE ADDRESS	7. CUF	RENT NATIONA	L PRESIDING	OFFICER		
8. WHAT IS THE MAIN PURPOSE OF YOUR ORGANIZATI						
9. WHY DO YOU WISH TO JOIN THE VETERANS DAY NA	TIONAL COMMITTEE (VD.	NC)				
10. WHAT IS THE SIZE OF YOUR MEMBERSHIP		11. WHAT PERCENTAGE OF YOUR MEMBERSHIP CONSISTS OF VETERANS				
12. MEMBERSHIP QUALIFICATIONS						
13. DATE FOUNDED 14. NUMBER OF ACTIVE CHAPTERS	15. NUMBER OF STATES ACTIVE CHAPTERS	CON YES	STITUTION (ATIONAL BY-LAWS OR A If yes, please attach a copy) NO		
17. DO YOU HAVE AN ANNUAL NATIONAL CONVENTION attach a program from your most recent convention) YES NO	N (If yes, please 18. DO please YE	se include the last	three issues wi	DIC PUBLICATIONS (If yes, th your application)		
19. NAME OF PUBLICATION		20. FREQUE PUBLICA	ENCY OF ATION	21. DATE OF FIRST ISSUE		

22. IS YOUR ORGANIZATION FEDERALLY CHARTERED AND/OR RECOGI	NIZED OR APPROVED BY	THE SECRETARY	OF VETERANS AFFAIRS FOR
PURPOSES OF PREPARATION, PRESENTATION, AND PROSECUTION OF			
VETERANS AFFAIRS, AS PROVIDED IN SECTION 5902 (FORMERLY SECT			
SUBSECTION 14.628 (a) AND (c) OF TITLE 38, CODE OF FEDERAL REGUL		YES 🗍	NO
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		140
IF YES, WHAT IS YOUR CHARTER'S	ON WHAT DATE WERE		
PUBLIC LAW NUMBER	CHARTERED BY CONGR	RESS	
23. IS YOUR ORGANIZATION CLASSIFIED BY THE INTERNAL REVENUE S	SERVICE AS NON-PROFIT	YES 🗍	NO \square
(If yes, please include evidence of non-profit status, e.g., letter of determination)		YES	NO
24. IF ACCEPTED AS A MEMBER/MEMBER, WILL YOUR ORGANIZATION I	HONOR ALL VETERANS		
DAY NATIONAL COMMITTEE MEMBER/MEMBER ORGANIZATION RESPON		YES 🗌	NO 🗌
DESCRIBED IN THE COMMITTEE'S BY-LAWS	NSIBILITIES AS		
25. DO YOU HAVE A REPRESENTATIVE WHO WILL ATTEND COMMITTEE	MEETINGS IN		
WASHINGTON, DC	INEETINGS IN	YES 🗌	NO 🗌
WASHINGTON, DC			
APPLICANTS SHOULD SUBMIT SUPPORTING DOCUMENTATION TO ENAI	BLE THE COMMITTEE TO	MAKE AN INFORM	AED DECISION
ALL FIGURE OF CORPUS CONTINUE DOCUMENTATION TO ENAI	BLE THE GOMMITTEE TO	WAILE AIV IIVI OILI	NED DEGICION
SIGNATURE (Ink signature)			
TITLE			PATE
PLEASE SEND THIS APPLICATI	ION VIA EMAIL:	vetsdav@va.	gov
	OIV VIII EIVIIIE.	versua e van	501
SUSPENSE FOR APPLICA	ATIONS IS JUNE 1	, 2024	
		,	
		,	
		,	
		,	
		,	
		,	
		,	
		,	
		,	
		,	
PESPONDENT BURDEN: VA may not conduct or sponger, and the			his collection of information
RESPONDENT BURDEN: VA may not conduct or sponsor, and the	respondent is not require	ed to respond to	
RESPONDENT BURDEN: VA may not conduct or sponsor, and the unless it displays a valid OMB Control Number. Public reporting bur minutes per response, including the time for reviewing instructions, s	respondent is not requireden for this collection of	ed to respond to to information is e	stimated to average 20

needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other

aspect of this collection of information, call 1-877-222-8387 for mailing information on where to send your comments.