

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				
	DATE SUBMITTED			
1. ORGANIZATION	2. BUSINESS ADDRESS (Include City, State and Zip Code)			
3. BUSINESS TELEPHONE NUMBER 4. BUSINESS FAX NUMBER	5. BUSINESS EMAIL ADDRESS			
6. WEB PAGE ADDRESS	7. CURRENT NATIONAL PRESIDING OFFICER			
8. WHAT IS THE MAIN PURPOSE OF YOUR ORGANIZATION				
9. WHY DO YOU WISH TO JOIN THE VETERANS DAY NATIONAL COMMIT	TEE (VDNC)			
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 15. NUMBER OF ACTIVE CHAPTERS	PTERS CONSTITUTION (If yes, please attach a copy) YES NO			
17. DO YOU HAVE AN ANNUAL NATIONAL CONVENTION (If yes, please attach a program from your most recent convention) YES NO	18. DO YOU PRODUCE ANY PERIODIC PUBLICATIONS (If yes, please include the last three issues with your application) YES NO			
19. NAME OF PUBLICATION	20. FREQUENCY OF PUBLICATION 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	
APPLICANTS SHOULD SUBMIT SUPPORTING DOCUMENTATION TO ENABLE THE COMMITTEE TO MAKE AN INFORMED DECISION				
SIGNATURE (Ink signature)				
TITLE			PATE	
PLEASE SEND THIS APPLICATI	ION VIA EMAIL:	vetsdav@va.	gov	
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SUSPENSE FOR APPLICA	ATIONS IS JUNE 1	, 2024		
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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.