



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
SUBMITTED

1. ORGANIZATION

2. ADDRESS *(Include City, State and Zip Code)*

3. TELEPHONE NUMBER

4. FAX NUMBER

5. 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 COMMITTEE (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
CHAPTERS

15. NUMBER OF STATES WITH
ACTIVE CHAPTERS

16. DO YOU HAVE NATIONAL BY-LAWS OR A
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 RECOGNIZED OR APPROVED BY THE SECRETARY OF VETERANS AFFAIRS FOR PURPOSES OF PREPARATION, PRESENTATION, AND PROSECUTION OF CLAIMS UNDER LAWS ADMINISTERED BY THE DEPARTMENT OF VETERANS AFFAIRS, AS PROVIDED IN SECTION 5902 (FORMERLY SECTION 3402) OF TITLE 38, UNITED STATES CODE (U.S.C.) AND SUBSECTION 14.628 (a) AND (c) OF TITLE 38, CODE OF FEDERAL REGULATIONS (C.F.R.) YES NO

IF YES, WHAT IS YOUR CHARTER'S PUBLIC LAW NUMBER	ON WHAT DATE WERE YOU CHARTERED BY CONGRESS
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23. IS YOUR ORGANIZATION CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS NON-PROFIT YES NO
(If yes, please include evidence of non-profit status, e.g., letter of determination)

24. IF ACCEPTED AS AN ASSOCIATE MEMBER/MEMBER, WILL YOUR ORGANIZATION HONOR ALL VETERANS DAY NATIONAL COMMITTEE ASSOCIATE MEMBER/MEMBER ORGANIZATION RESPONSIBILITIES AS DESCRIBED IN THE COMMITTEE'S BY-LAWS YES NO

25. DO YOU HAVE A REPRESENTATIVE WHO WILL ATTEND COMMITTEE MEETINGS IN WASHINGTON, DC YES NO

REPRESENTATIVE NAME AND ADDRESS	TELEPHONE NUMBER
	EMAIL ADDRESS

APPLICANTS SHOULD SUBMIT SUPPORTING DOCUMENTATION TO ENABLE THE COMMITTEE TO MAKE AN INFORMED DECISION

SIGNATURE *(Ink signature)*

TITLE

DATE

PLEASE SEND THIS APPLICATION VIA EMAIL: vetsday@va.gov

SUSPENSE FOR APPLICATIONS IS APRIL 15, 2019