

## VETERANS DAY NATIONAL COMMITTEE

DEPARTMENT OF VETERANS AFFAIRS  
 ATTN: MICHEAL MIGLIARA (002D)  
 810 VERMONT AVENUE, NW  
 WASHINGTON, DC 20420

### MEMBERSHIP APPLICATION

DATE  
SUBMITTED

1. ORGANIZATION		2. ADDRESS <i>(Include City, State and Zip Code)</i>	
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. HOW MANY CHAPTERS DO YOU HAVE	15. IN HOW MANY STATES DO YOU HAVE CHAPTERS	16. DO YOU HAVE NATIONAL BY-LAWS OR A CONSTITUTION <i>(If yes, please attach a copy)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
17. DO YOU HAVE AN ANNUAL NATIONAL CONVENTION <i>(If yes, please attach a program from your most recent convention)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		18. DO YOU HAVE PRODUCE ANY PERIODIC PUBLICATIONS <i>(If yes, please include the last three issues with your application)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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

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

TITLE

DATE

**PLEASE SEND THIS APPLICATION TO:**

**VETERANS DAY NATIONAL COMMITTEE  
DEPARTMENT OF VETERANS AFFAIRS  
ATTN: MICHEAL MIGLIARA (002D)  
810 VERMONT AVENUE, NW  
WASHINGTON, DC 20420  
FAX: (202) 273-5716  
EMAIL: [vetsday@va.gov](mailto:vetsday@va.gov)**

FOR QUESTIONS, PLEASE CALL 202-461-5386

APPLICATIONS ARE DUE NO LATER THAN \_\_\_\_\_