

Women's Army Corps Veterans Association Inter Organizational Memorandum

FROM: Chapter (Name & No.) _____ Date: _____
TO: Convention Registration Chairperson

CC: Convention Credentials Chairperson

National Treasurer Suzanne LaRocca CPA
PO Box 185
Jacksonville, AL 36265

National Corresponding Secretary Terry Lee Scott
18002 Richmond Place Dr, Apt 3422
Tampa, FL 33647

SUBJECT: Chapter Delegates to Annual Convention

Delegates to Annual Convention

Name of Chapter President (for current year ending 30 June): _____

Chapter President **WILL:** _____ **WILL NOT:** _____ attend in her capacity as a National Officer or Standing Committee Chairperson. If the Chapter President will not attend the convention, or will be attending in her capacity as a National Officer or Standing Committee Chairperson, the following **Chapter member is named as Chapter President Representative:**

CHAPTER DELEGATES	CHAPTER ALTERNATES
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

***Note: INDICATE IF THE DELEGATE OR ALTERNATE IS TO HAVE A PROXY VOTE. Remember the cost of each proxy vote is \$10.00**

Signed Chapter President or Secretary (specify which): _____

Women's Army Corps Veterans Association Inter Organizational Memorandum

FROM: Name of Delegate: _____ Date: _____
Chapter Name: _____ Number: _____

TO: Convention Registration Chairperson

CC: Convention Credentials Chairperson

National Treasurer Suzanne LaRocca CPA
PO Box 185
Jacksonville, AL 36265

National Corresponding Secretary Terry Lee Scott
18002 Richmond Place Dr, Apt 3422
Tampa, FL 33647

SUBJECT: Proxy Authorization

Proxy

Please be advised that: _____ Delegate
(Name of person **NOT** attending convention)

From Chapter Name: _____ Number: _____

In City: _____ State _____

at the Annual Convention of the Women's Army Corps Veterans Association scheduled to be held at the _____ in: _____ hereby appoint the following as my Proxy, to vote and act in my name at all meetings and on all matters where authorized by the National Bylaws, with the same effect as if I were personally present.

Appointed member holding Proxy: _____
(Name of person attending convention)

Proxy Holder will be attending the convention as a:

Chapter Delegate: _____

Chapter President or her Representative: _____

National Officer or National Standing Committee Chairperson from my Chapter: _____

I hereby revoke any Proxy or Proxies heretofore given by me to any person.

Signed: _____ Date: _____

WACVA Convention Guest Registration Form

Honorary Member if Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Email address: _____ Phone No. _____

Honorary Member: _____

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Mother of Member if Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Mother: _____

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Daughter of Member if Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Daughter: _____

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Guest of Member Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Guest of Member Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Be sure to include meal selections and payment for your guests with your registration.

There is no registration fee for Honorary Members, or Guests.

WACVA 2040 Convention Social Reservations Form

Name: _____

Check only one plus visitor: Chapter #: _____ MAL: _____

Visitor: _____ Visitors name(s): _____

	<u>Qty.</u>	<u>Total</u>
Company Party (Fri. Evening 21 Aug		
_____ (\$)	_____	\$ _____
_____ (\$)	_____	\$ _____
*Chef's Choice Vegetarian (\$)	_____	\$ _____
Pallas Athene Luncheon Sat. 22 Aug		
_____ (\$)	_____	\$ _____
_____ (\$)	_____	\$ _____
*Chef's Choice Vegetarian (\$)	_____	\$ _____
President's Luncheon Sun 23 Aug		
_____ (\$)	_____	\$ _____
_____ (\$)	_____	\$ _____
*Chef's Choice Vegetarian (\$)	_____	\$ _____
Registration Fee must be paid by all members attending	\$15.00	\$ _____
PROXY vote for Chapter member (if you carry a proxy)	each at \$10.00	\$ _____
Date forwarded: _____	Total Enclosed:	\$ _____

**Chef's Choice includes meals for Vegetarian and those with dietary restrictions*

Make checks for total amount payable to: "WACVA CONVENTION FUND"

Mail check with Registration Form, Social Events Form and Emergency Information Form to:
Convention Registration Chairperson

Registration Checklist Have you prepared and included:

- _____ Registration Form
- _____ Social Reservation Form (including guests if applicable)
- _____ Proxy Authorization Memorandum (if applicable)
- _____ Emergency Information Form (including forms for guests if applicable)
- _____ Check for total due

WACVA Emergency Information Form

Member's Name: _____ Chapter Number or MAL: _____

IN CASE OF EMERGENCY NOTIFY:

Primary contact

Name: _____ Relationship: _____ Phone Number _____

Address: _____
Street City State & Zip

If unable to contact person above, please give name, phone number, address and relationship of an alternate contact.

Alternate contact

Name: _____ Relationship: _____ Phone Number _____

Address: _____
Street City State & Zip

Are you allergic to any medications? YES: _____ NO: _____

If yes please specify: _____

If you have any medical problems that we should be aware of in case of emergency, please indicate here:

Asthmatic: _____ Allergies including food: _____

Diabetic: _____ Other: _____

WACVA Guest Emergency Information Form (please make additional copies if necessary)

Guest's Name: _____ Guest of: _____

IN CASE OF EMERGENCY NOTIFY:

Primary contact

Name: _____ Relationship: _____ Phone Number _____

Address: _____
Street City State & Zip

If unable to contact person above, please give name, phone number, address and relationship of an alternate contact.

Alternate contact

Name: _____ Relationship: _____ Phone Number _____

Address: _____
Street City State & Zip

Are you allergic to any medications? YES: _____ NO: _____

If yes please specify: _____

If you have any medical problems that we should be aware of in case of emergency, please indicate here:

Asthmatic: _____ Allergies including food: _____

Diabetic: _____ Other: _____

