

SECTION D

FORMS TO BE USED BY CHAPTERS

This portion of the Handbook is designed to supplement the information contained in the suggested Chapter Bylaws.

The forms included in this section shall be used in transmitting information to the National Association. They may be reproduced at the local level. Computer generated forms shall be exact duplicates..

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**Women's Army Corps Veterans Association**  
**APPLICATION FOR MEMBERSHIP**

Name: (Miss / Ms / Mrs.) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Telephone No.:(\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name while in Service: \_\_\_\_\_

Branch of Military Service: \_\_\_\_\_

Serial No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of enlistment: \_\_\_\_\_ Place: \_\_\_\_\_

Date of discharge: \_\_\_\_\_ Place: \_\_\_\_\_

Places served: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Please do not write below this line**

Note: National Dues as of Aug 2009 are \$25.00 per year; fiscal year is July 1 to June 30. For new members joining after Jan 1st, dues to the end of the fiscal year are \$12.50 and then \$25.00 per fiscal year thereafter, no matter when she renews.

Directions:

Eligible women wishing to join the Women's Army Corps Veterans Association, Chapter\_\_\_\_should return this application to the Membership Chairperson along with a copy of your DD214 (Armed Forces of the United States Report of Transfer or Discharge) or equivalent and the applicable dues:

1. Women who have served or are now serving honorably with the United States Army, the United States Army Reserve or Army National Guard of the United States, the Women's Army Auxiliary Corps, or the Women's Army Corps may join as Regular Members. Women who have served or are now serving honorably with any Branch of Military Service other than the Army may join as Affiliate Member.
2. Regular Member's dues are \$\_\_\_\_\_ per year; fiscal year is July 1 to June 30. For new members joining after Jan 1st, dues to the end of the fiscal year are \$\_\_\_\_\_ and then \$\_\_\_\_\_ per fiscal year thereafter, no matter when she renews.
3. Associate member's dues are \$\_\_\_\_\_ per year. For new Associate Members joining after Jan 1st, dues to the end of the fiscal year are \$\_\_\_\_\_ and then \$\_\_\_\_\_ per fiscal year thereafter no matter when she renews.
4. Attach **PHOTOSTAT COPY** of discharge papers only. These copies **WILL NOT** be returned to you.
5. All Regular Members will receive six (6) issues of the official national publication, "THE CHANNEL", per year. Associate Members do not receive "THE CHANNEL". All Members will receive ten (10) monthly issues of the local publication where applicable.

Date discharge checked: \_\_\_\_\_ By: \_\_\_\_\_

Dues received: \_\_\_\_\_ Amount: \_\_\_\_\_

By: \_\_\_\_\_

Card No.: \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): \_\_\_\_\_ Date: \_\_\_\_\_  
TO: National Chaplain  
SUBJECT: Death Notice

**DEATH NOTICE FORM - Information for National Chaplain**

NAME OF DECEASED: \_\_\_\_\_  
NAME IN SERVICE: \_\_\_\_\_ SERVICE SERIAL NUMBER \_\_\_\_\_  
DATE OF DEATH: \_\_\_\_\_ CHAPTER NO.: \_\_\_\_\_ MAL: \_\_\_\_\_  
NAME OF NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP +4: \_\_\_\_\_  
REPORTED BY: \_\_\_\_\_ CHAPTER NO.: \_\_\_\_\_  
MAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP +4: \_\_\_\_\_

**DEATH NOTICE FORM - Information for National Chaplain**

NAME OF DECEASED: \_\_\_\_\_  
NAME IN SERVICE: \_\_\_\_\_ SERVICE SERIAL NUMBER \_\_\_\_\_  
DATE OF DEATH: \_\_\_\_\_ CHAPTER NO.: \_\_\_\_\_ MAL: \_\_\_\_\_  
NAME OF NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP +4: \_\_\_\_\_  
REPORTED BY: \_\_\_\_\_ CHAPTER NO.: \_\_\_\_\_  
MAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP +4: \_\_\_\_\_

**DEATH NOTICE FORM - Information for National Chaplain**

NAME OF DECEASED: \_\_\_\_\_  
NAME IN SERVICE: \_\_\_\_\_ SERVICE SERIAL NUMBER \_\_\_\_\_  
DATE OF DEATH: \_\_\_\_\_ CHAPTER NO.: \_\_\_\_\_ MAL: \_\_\_\_\_  
NAME OF NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP +4: \_\_\_\_\_  
REPORTED BY: \_\_\_\_\_ CHAPTER NO.: \_\_\_\_\_ MAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP +4: \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) \_\_\_\_\_ Date: \_\_\_\_\_

TO: National Hospital/VAVS Representative

SUBJECT: VAVS Representative and/or Deputy Representative Certification and  
Re-certification Request

1. Name and complete address of the VA Medical Center: \_\_\_\_\_  
\_\_\_\_\_

2. Name of the Chief of Voluntary Service for the VA Medical Center: \_\_\_\_\_  
\_\_\_\_\_

3. VAVS Representatives for (RE)Certification

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

4. VAVS Deputy Representative for (RE)Certification

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

This is a New Certificate: \_\_\_\_\_ This is a Re-certification: \_\_\_\_\_

Request that the named Representative be certified for a period of:

One year: \_\_\_\_\_ Two years: \_\_\_\_\_ Until Replacement is named: \_\_\_\_\_

If the Chapter has more than one Deputy Representative, Check here: \_\_\_\_\_  
and provide complete information on each, as above, on the reverse side of this form.

Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) \_\_\_\_\_ Date: \_\_\_\_\_

TO: National Hospital/VAVS Representative

SUBJECT: Hospital VAVS Annual Report

**Volunteering as Hospital VAVS Representative**

1. Name of VA Hospital(s): \_\_\_\_\_  
\_\_\_\_\_
2. Non-VA Hospital(s): \_\_\_\_\_  
\_\_\_\_\_
3. VAVS Representatives, Number: \_\_\_\_\_  
Deputy Representatives, Number: \_\_\_\_\_  
Number Regular Scheduled Volunteers: \_\_\_\_\_  
Number Non-Chapter Volunteers: \_\_\_\_\_  
Total Number of Volunteers \_\_\_\_\_  
Total Number of Hours: \_\_\_\_\_
4. Number VAVS Meetings Attended:  
Representatives: \_\_\_\_\_ Deputy Representatives: \_\_\_\_\_
5. Services to which Volunteers assigned: \_\_\_\_\_  
\_\_\_\_\_
6. Certificates/Awards: (Annual only) Give Names: \_\_\_\_\_  
\_\_\_\_\_
7. Parties: Number: \_\_\_\_\_ Types: \_\_\_\_\_
8. Donations: Money: \_\_\_\_\_ Objects: \_\_\_\_\_
9. Chapter participated in the following activities:  
National Salute: \_\_\_\_\_ Holiday Events: \_\_\_\_\_ Memorial Day: \_\_\_\_\_  
Patient Carnival: \_\_\_\_\_ Veterans Day: \_\_\_\_\_ Ward Parties: \_\_\_\_\_  
National Hospital Day Blood Drive: \_\_\_\_\_ Other: \_\_\_\_\_
10. Refreshments furnished: \_\_\_\_\_
11. Special assistance to Female Patients: \_\_\_\_\_  
\_\_\_\_\_
12. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital/VAVS Chairperson: \_\_\_\_\_

Chapter President Approval: \_\_\_\_\_

**Women's Army Corps Veterans Association  
Chapter Memorandum**

FROM: (Member): \_\_\_\_\_ Date: \_\_\_\_\_

TO: Chapter Chairperson, Community Projects

SUBJECT: Community Projects Individual Annual Report

**Volunteering in the Community**

<i>Activity</i>	<i>Approximate Hours</i>	
	<i>Monthly Total</i>	<i>Yearly Total</i>
<i>For Organizations</i>		
NON Veteran Hospital/Clinic		
NON Veteran Retirement Center/Nursing Home		
Senior Center		
Handicapped		
School/Library		
Other:		
<i>For Individuals</i>		
Driving People to appointments, etc.		
Helping shut-ins/Handicapped		
Meals on Wheels or Similar projects		
Assisting Neighbors/'Friends		
FUND DRIVES: i.e., Cancer, Heart, Arthritis, United Way, etc.		
Other:		
<i>Special Projects:</i>		
Collecting Clothing, Coupons, Can Labels, Tabs, etc.		
Working in Soup Kitchen, Shelters, etc.		
Aiding Local Community Groups		
Money Donation - Chapter, etc.		
Money Donation - Individual		
Others:		
Total Hours		

Please use additional sheet if necessary to describe community service not covered.

Member's Signature: \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) \_\_\_\_\_ Date: \_\_\_\_\_

TO: National Chairperson, Community Projects

SUBJECT: Community Projects Chapter Annual Report

**Volunteering in the Community**

<i>Activity</i>	<i>Approximate Hours</i>	
<i>For Organizations</i>	<i>Monthly Total</i>	<i>Yearly Total</i>
NON Veteran Hospital/Clinic		
NON Veteran Retirement Center/Nursing Home		
Senior Center		
Handicapped		
School/Library		
Other:		
<i>For Individuals</i>		
Driving People to appointments, etc.		
Helping shut-ins/Handicapped		
Meals on Wheels or Similar projects		
Assisting Neighbors/'Friends		
FUND DRIVES: i.e., Cancer, Heart, Arthritis, United Way, etc.		
Other:		
<i>Special Projects:</i>		
Collecting Clothing, Coupons, Can Labels, Tabs, etc.		
Working in Soup Kitchen, Shelters, etc.		
Aiding Local Community Groups		
Money Donation - Chapter, etc.		
Money Donation - Individual		
Others:		
Total Hours		

Please use additional sheet if necessary to describe community service not covered.

Chapter Community Project Chairperson: \_\_\_\_\_

Chapter President Approval: \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): \_\_\_\_\_ Date: \_\_\_\_\_

TO: Chapter (Name & No.): \_\_\_\_\_ MAL status: \_\_\_\_\_

SUBJECT: Letter of Transfer

This is to certify that: (name of member) \_\_\_\_\_  
is and has been a member in good standing in our Chapter of the WACVA since: \_\_\_\_\_.

She has requested a transfer of her membership from this chapter to become a Member-at-Large(MAL) or a member of a new chapter for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

Note: She has held the following offices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures: President: \_\_\_\_\_

Second Vice President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: (Applicant's name) \_\_\_\_\_ Date: \_\_\_\_\_

TO: National President

SUBJECT: Membership in the National Honor Guard

Copies of the following sample form may be obtained from the National Sergeant-at-Arms, or may be reproduced locally by the Chapter. Submit the form in duplicate

**Application for Membership in the National Honor Guard**

I would like to volunteer to be a member of the National Honor Guard. I pledge to participate in one or more of the required appearances each Fiscal Year.

I am a: Member of Chapter # \_\_\_\_\_, or a Member-at-Large \_\_\_\_\_

I further affirm that I am able to meet the physical requirements necessary to be a member of the Honor Guard, as indicated in the Honor Guard Handbook.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code+4 \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

\*\*\*\*\*

On (date): \_\_\_\_\_ Chapter (Name & No.): \_\_\_\_\_  
approved the application for the above applicant, for membership in the National Honor Guard and have verified the information above.

Chapter President: \_\_\_\_\_

(or 1<sup>st</sup> Vice Pres. If Applicant is Chapter President)

\*\*\*\*\*

Dates:

Appointed: \_\_\_\_\_ Applicant Notified: \_\_\_\_\_

Not Appointed: \_\_\_\_\_ Lieutenant Notified: \_\_\_\_\_

Notice to Channel: \_\_\_\_\_

Captain's Signature: \_\_\_\_\_

National President's Signature: \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): \_\_\_\_\_ Date: \_\_\_\_\_

TO: National Treasurer

COPY TO: National 2<sup>nd</sup> Vice President  
National Headquarters

SUBJECT: National Dues Transmittal

TRANSMITTAL FORM NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

A check in the amount of \$ \_\_\_\_\_ is enclosed for the National membership dues of the following, for fiscal year ending June 30, \_\_\_\_.

Please list members alphabetically in numerical sequence by chapter membership card number.

CARD NO.	CODE	NAME, ADDRESS, & ZIP +4	AMOUNT	REMARKS

Remitted by Chapter Treasurer: \_\_\_\_\_

Page: \_\_\_\_\_ of \_\_\_\_\_



**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Corresponding Secretary \_\_\_\_\_  
Chapter (Name & No.): \_\_\_\_\_ Date: \_\_\_\_\_

TO: THE CHANNEL Editor:  
National Corresponding Secretary  
Chapter File

SUBJECT: Chapter Officers

The following is a list of the Chapter Officers for publication in the annual bulletin.

President: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

First Vice-President: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Second Vice-President: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Recording Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Corresponding Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Treasurer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

FROM: Chapter (Name & No.): \_\_\_\_\_ Date: \_\_\_\_\_  
TO: THE CHANNEL Editor  
Corresponding Secretary  
Chapter File  
SUBJECT: Chapter Officers Continued

Chaplain: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Sergeant-at-Arms: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Meetings: \_\_\_\_\_  
\_\_\_\_\_

Chapter Paper: \_\_\_\_\_

Editor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Signatures: (Corresponding Secretary) \_\_\_\_\_  
(Chapter President): \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): \_\_\_\_\_ Date: \_\_\_\_\_  
TO: National President:

SUBJECT: Honorary Membership for Mothers of WACVA Members

Please issue a Certificate of Honorary Membership for Mothers for the following:

Mothers name: \_\_\_\_\_ Mother of: \_\_\_\_\_  
Mother's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Please issue a Certificate of Honorary Membership for Mothers for the following:

Mothers name: \_\_\_\_\_ Mother of: \_\_\_\_\_  
Mother's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Please issue a Certificate of Honorary Membership for Mothers for the following:

Mothers name: \_\_\_\_\_ Mother of: \_\_\_\_\_  
Mother's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Please issue a Certificate of Honorary Membership for Mothers for the following:

Mothers name: \_\_\_\_\_ Mother of: \_\_\_\_\_  
Mother's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Please issue a Certificate of Honorary Membership for Mothers for the following:

Mothers name: \_\_\_\_\_ Mother of: \_\_\_\_\_  
Mother's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_

Signatures: (Chapter President): \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) \_\_\_\_\_ Date: \_\_\_\_\_

TO: National First Vice-President

SUBJECT: Presidents Annual Report

Provide the following, as applicable:

Membership:

Total Number of members: \_\_\_\_\_

Community Projects:

Services Rendered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of members: \_\_\_\_\_

Hospital/Nursing Home Service:

Services Rendered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of members: \_\_\_\_\_

Patriotic Activities:

Veteran's Day: \_\_\_\_\_

Memorial Day: \_\_\_\_\_

Other: \_\_\_\_\_

Total Number of members: \_\_\_\_\_

Cash Donations:

Amount Given: \_\_\_\_\_

Publicity:

TV: \_\_\_\_\_

Radio: \_\_\_\_\_

Newspapers: \_\_\_\_\_

Other: \_\_\_\_\_

Number which gave publicity: \_\_\_\_\_

Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_



**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.): \_\_\_\_\_ Date: \_\_\_\_\_  
or Member-at-Large: \_\_\_\_\_

TO: National Nominating Committee Chairperson

SUBJECT: Candidate Profile

**Profile Form - Candidate for National Office**

Name of Candidate: \_\_\_\_\_

Address of Candidate: \_\_\_\_\_  
STREET

\_\_\_\_\_

CITY

STATE

ZIP CODE

Phone Number of Candidate: ( ) \_\_\_\_\_

The name of: \_\_\_\_\_ is submitted as a candidate for the  
office of \_\_\_\_\_ in the Women's Army Corps  
Veterans Association and offers the following profile in support of its submission:

1. Service at the National Level:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Service at the Local Level:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Other pertinent information: (This may include other veterans work, service in the Army, employment, education, and membership in other organizations.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_

This form must be submitted in duplicate.

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) \_\_\_\_\_ Date: \_\_\_\_\_

TO: National Credentials Chairperson  
National Treasurer  
National Corresponding Secretary

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.

Signed Chapter President or Secretary (specify which): \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) \_\_\_\_\_ Date: \_\_\_\_\_

TO: National Credentials Chairperson, Annual Convention, WACVA

SUBJECT: Proxy Authorization

**Proxy**

Please be advised that I, \_\_\_\_\_, Delegate

From Chapter (number and name): \_\_\_\_\_

In (City and State): \_\_\_\_\_

to the Annual Convention of the Women's Army Corps Veterans Association scheduled to  
be held at the (name of hotel): \_\_\_\_\_

in (name of City and State): \_\_\_\_\_

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: \_\_\_\_\_

Status of Proxy Holder:

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: \_\_\_\_\_

Place: \_\_\_\_\_

**Women's Army Corps Veterans Association  
Inter Organizational Memorandum**

FROM: Chapter (Name & No.) \_\_\_\_\_ Date: \_\_\_\_\_

TO: National Publicity Chairperson

SUBJECT: Annual Report on Publicity

Annual reports will be sent to the National Publicity Chairperson by 3 July. The report should include: (Use extra sheets of paper if necessary.)

1. Newspaper publicity: (Include clippings, name of publication and date.)
  
  
  
  
  
  
  
  
  
  
2. TV stations and cable: (List type of coverage.)
  
  
  
  
  
  
  
  
  
  
3. Radio: (List type of coverage.)
  
  
  
  
  
  
  
  
  
  
4. Speeches: (List events and name of person giving speech, including date and place.)
  
  
  
  
  
  
  
  
  
  
5. Other events where publicity was presented about the Women's Army Corps Veterans Association.

Chapter Publicity Chairperson: \_\_\_\_\_

Chapter President: \_\_\_\_\_