Women’s Army Corps Veterans’ Association - Army Women United  
(WACVA-AWU)

FORMS

This Document is designed to supplement the information contained in all the 
Handbooks and Bylaws.

These forms shall be used in transmitting information to the National Association. 
They may be reproduced. Computer generated forms shall be exact duplicates.

Committee Chair’s names, addresses and phone numbers are listed in each issue of The Channel

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APPLICATION FOR MEMBERSHIP
Inter Organizational Memorandum

Name: ____________________________
Address: __________________________
City: __________________ State: ______ Zip + 4: ______
Telephone No: (______) ___________ Date of Birth: ____________
Email Address: ______________________
Name(s) while in Service: _________________
Branch of Military Service: __________________________
Beginning date of Service: ___________ End date of Service: ___________
Places served: ________________________________

Signature: ____________________________ Date: ______
How did you hear about our organization? _______________________________________

Please do not write below this line

Directions: If you are a woman who wishes to join WACVA – Army Women United as a chapter member you may submit this application to the Membership Chair of that chapter. If there is no chapter in your area, and you wish to join as a member-at-large; mail this application along with your annual dues to WACVA-AWU.

All applications for membership must be accompanied by a copy of your DD 214 (Certificate of Release or Discharge from Active Duty) or official retirement documents or equivalent official evidence of service. If currently serving, a copy of your military ID.

1. Eligibility: Women who provide evidence that they are: current, former or retired members of the U.S. Army, Army National Guard or the U.S. Army Reserve, regardless of rank, may join WACVA – Army Women United as Regular Members. Women who provide evidence that they have served, retired from, or are now serving honorably with any branch of the military other than the Army may join as Affiliate Members.

2. Regular Membership dues are $35.00 per year; this does not include chapter dues; our fiscal year is July 1 thru June 30. For NEW members joining after Jan 1st, dues to the end of that fiscal year are $17.50 and then $35.00 per fiscal year thereafter, no matter when you renew.

3. Affiliate member dues are at the discretion of the applicable Chapter.

4. Attach a COPY of your discharge paperwork and/or official documents, BLACK OUT YOUR SOCIAL SECURITY NUMBER. These copies WILL NOT be returned to you because WACVA – AWU is required to securely maintain these documents to preserve our veteran organization status.

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”. Regular and Associate Members will receive monthly issues of their local publication where applicable.

Name and date of approving authority: ____________________________________________
Amount of dues received: _____________ Card number issued: _____________
Mail to: WACVA – National Headquarters
P.O. BOX 663 Weaver, AL 36277
Women’s Army Corps Veterans’ Association - Army Women United  
(WACVA-AWU)

Candidate Profile for National Office

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 WACVA-AWU 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.
FROM: Chapter Secretary __________________________ Date: ________
TO: THE CHANNEL Editor:  
    National Secretary
SUBJECT: Chapter Officers

Chapter (Name & No.): ________________________________

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Phone:</th>
<th>Mailing Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip +4</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
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<tr>
<td>First Vice-President</td>
<td></td>
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<tr>
<td>Second Vice-President</td>
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<tr>
<td>Secretary</td>
<td></td>
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<tr>
<td>Treasurer</td>
<td></td>
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<tr>
<td>Chaplain</td>
<td></td>
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<tr>
<td>Sergeant-at-Arms</td>
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<tr>
<td>Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Editor</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Signatures: (Secretary) ____________________________________________
            (Chapter President): ________________________________________
Women’s Army Corps Veterans’ Association - Army Women United  
(WACVA-AWU)

Community Projects Chapter Annual Report  
Inter Organizational Memorandum

FROM:  Name/Chapter ___________________________ Date: ____________
TO: Community Projects Chairperson
SUBJECT: Annual Report on Community Projects-

Please print

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monthly Total</th>
<th>Yearly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteering for Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NON-Veteran Hospital/Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NON-Veteran Retirement Center/Nursing Home</td>
<td></td>
<td></td>
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<tr>
<td>Senior Center</td>
<td></td>
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<tr>
<td>Handicapped</td>
<td></td>
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<tr>
<td>School/Library</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aiding and Volunteering for Individuals:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving People to appointments, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping shut-ins/Handicapped</td>
<td></td>
<td></td>
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<tr>
<td>Meals on Wheels or similar projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting Neighbors/Friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds Drives: i.e., United Way, Cancer, Heart, Arthritis Walks, etc.</td>
<td></td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
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<tr>
<td>Special Projects:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collecting Clothing, Coupons, Can Labels, Tabs, etc.</td>
<td></td>
<td></td>
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<tr>
<td>Working in Soup Kitchen, Shelters, etc.</td>
<td></td>
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<tr>
<td>Reading for the Blind/Eyes for the Needy</td>
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<tr>
<td>Tutoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aiding Local Community Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total hours:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Money donation to National
Money donations to Chapter
Money donations - Individual
Total Monies donated:

Please use additional sheet(s) if necessary, to describe a community service not covered.

Signature: ____________________________________________

(MAL, President or Community Chairperson)
Women’s Army Corps Veterans’ Association - Army Women United (WACVA-AWU)
Community Projects Individual Annual Report
Inter Organizational Memorandum

FROM: (Member): _____________________________ Date: _____________
TO: Chapter Chairperson, Community Projects
SUBJECT: Community Projects Individual Annual Report

Volunteering in the Community

SUBJECT: Annual Report on Community Projects-

<table>
<thead>
<tr>
<th>Activity</th>
<th>Approximate Hours</th>
</tr>
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<tbody>
<tr>
<td>Volunteering for Organizations</td>
<td></td>
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<tr>
<td>Monthly Total</td>
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<td>Aiding and Volunteering for Individuals:</td>
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<tr>
<td>Aiding Local Community Groups</td>
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<tr>
<td>Total hours:</td>
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<tr>
<td>Money donation to National</td>
<td></td>
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<td>Money donations to Chapter</td>
<td></td>
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<tr>
<td>Money donations - Individual</td>
<td></td>
</tr>
<tr>
<td>Total Monies donated:</td>
<td></td>
</tr>
</tbody>
</table>

Please use additional sheet(s) if necessary to describe a community service not covered.

Member’s Signature: ____________________________________________

5
FROM: Chapter (Name & No.) ___________________________ Date: ________________
TO: National Credentials Chairperson
     National Treasurer
     National Secretary
SUBJECT: Chapter 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: ________________________________

<table>
<thead>
<tr>
<th>CHAPTER DELEGATES</th>
<th>CHAPTER ALTERNATES</th>
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<tbody>
<tr>
<td>1.</td>
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<td>10.</td>
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</tbody>
</table>

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 - Army Women United
(WACVA-AWU)

Convention Proxy Authorization
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: ________________________________
FROM: Chapter (Name & No.): ________________________ Date: __________
TO: National Chaplain
SUBJECT: Death Notice

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: ______

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: ______

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 - Army Women United (WACVA-AWU)

Grievance Form
Inter Organizational Memorandum

Your Name: ______________________________
Chapter or MAL: ___________________________ Grievance #: ____________________________
Email: ________________________________ Phone: ___________ Cell: ___________
Mailing Address: __________________________
Date, time and place of occurrence: __________________________

Detailed account of occurrence: Include names of persons involved. Attach any pictures, diagrams, or copies of evidence. Attach witness statements, signed and dated.

How does this violate National or Chapter Bylaws? __________________________

What has been done to resolve this grievance? List chapter individuals who have been contacted:

Proposed resolution to this grievance: _________________________________________

DATES: Submitted: _______________ Received by National President: ___________
Received by Grievance Chair: __________ Resolution to National President: __________
Resolution to Grievant: _______________ Signature of the Grievant: ____________________

Grievant should retain a copy of this form and all attachments for her records.
State only one grievance per form. Opinions and hearsay are not facts.
All facts should be relevant to this particular event. Identify how this fact is relevant to your grievance.

11/2018
Honorary Membership
Inter Organizational Memorandum

FROM: Chapter (Name & No.):_________________________ Date: __________

TO: National President:

SUBJECT: Honorary Membership (National or Chapter)

Please issue a Certificate of Honorary Membership for a Supporting Woman who is not eligible to be member:
Name:__________________________________________________________
Mailing Address:________________________________________________
City:_____________ State:_________ Zip +4 _________________________

Please issue a Certificate of Honorary Membership for a Supporting Woman who is not eligible to be member:
Name:__________________________________________________________
Mailing Address:________________________________________________
City:_____________ State:_________ Zip +4 _________________________

Please issue a Certificate of Honorary Membership for a Supporting Woman who is not eligible to be member:
Name:__________________________________________________________
Mailing Address:________________________________________________
City:_____________ State:_________ Zip +4 _________________________

Please issue a Certificate of Honorary Membership for a Supporting Woman who is not eligible to be member:
Name:__________________________________________________________
Mailing Address:________________________________________________
City:_____________ State:_________ Zip +4 _________________________

Signatures: (Chapter President): ________________________________

Signatures: (National President): ________________________________
Honorary Membership for Mothers

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:
Mother’s name: _________________________ Mother of: _________________________
Mother’s Mailing Address: _________________________
City: __________ State: __________ Zip +4 _________________________

Please issue a Certificate of Honorary Membership for Mothers for the following:
Mother’s name: _________________________ Mother of: _________________________
Mother’s Mailing Address: _________________________
City: __________ State: __________ Zip +4 _________________________

Please issue a Certificate of Honorary Membership for Mothers for the following:
Mother’s name: _________________________ Mother of: _________________________
Mother’s Mailing Address: _________________________
City: __________ State: __________ Zip +4 _________________________

Please issue a Certificate of Honorary Membership for Mothers for the following:
Mother’s name: _________________________ Mother of: _________________________
Mother’s Mailing Address: _________________________
City: __________ State: __________ Zip +4 _________________________

Please issue a Certificate of Honorary Membership for Mothers for the following:
Mother’s name: _________________________ Mother of: _________________________
Mother’s Mailing Address: _________________________
City: __________ State: __________ Zip +4 _________________________

Signatures: (Chapter President): _________________________
Women’s Army Corps Veterans’ Association - Army Women United
(WACVA-AWU)

Letter of Transfer
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 - Army Women United  
(WACVA-AWU)

Membership Annual Report  
Inter Organizational Memorandum

FROM: Chapter (Name & No.): __________________________ Date: ____________
TO: National Second Vice President
SUBJECT: Membership Annual Report

1. Annual Membership Report for Fiscal Year: _______________ (Year ending 30 June)
   
   Total paid members *: ____________________________________________
   
   New Members since 1 July, __________________________________________
   
   Number Dropped as of 30 June, ______________________________________
   
   Transferred into Chapter from MAL Status: ____________________________
   
   Transferred into Chapter from other Chapter(s): _________________________
   
   Total transferred out of Chapter: _____________________________________
   
   *ACTUAL NUMBER OF MEMBERS AS OF 30 JUNE, ______________________
   
   (Dues must have been received by National Treasurer by 30 June) Note: DO
   
   NOT include Associate or Honorary Members in your total.

2. Comments: ______________________________________________________
   
   _________________________________________________________________
   
   _________________________________________________________________
   
   _________________________________________________________________
   
   _________________________________________________________________
   
   _________________________________________________________________
   
   Chapter Membership Chairperson: ________________________________


Previous editions of this form are obsolete  
This form may be photocopied or duplicated  
Forms Document  
31 Aug 2019
Chapter Dues are due by July 1 of each Fiscal Year. A member’s dues are delinquent if not received at the WACVA-AWU HEADQUARTERS by October 1. Transmittals should be forwarded as frequently as necessary and the last one of the Fiscal Year should be at WACVA-AWU HQ no later than June 30. Paid members receive the “THE CHANNEL” newsletter six times a year; members whose dues are not received by Oct 1 will not receive the newsletter until their dues have been forwarded to WACVA-AWU Headquarters.

Proof of honorable service: New member’s dues will not be processed by WACVA Headquarters without a copy of their proof of honorable service. If a membership transmittal includes a new member and no proof of service is provided for the member, the transmittal and check will be returned to the chapter.

Chapters must provide proof of service documents on all current members NO LATER THAN OCTOBER 1, 2019. If a Chapter needs to check to see whether a current member’s documents are file in WACVA-AWU HQ, email the Administrative Assistant at wacvanlhq@aol.com for a list of Chapter members who require verification. Please black out social security numbers on documents before mailing them.

Chapters are not required to retain proof of service files. If a Chapter chooses to keep this documentation, it must be secured and accessible to the Chapter officers only. Personal and private proof of service information should not be released for any purpose without the permission of the member.

WACVA-AWU, like all nationally chartered veterans’ organizations, are required by IRS rules to ensure all regular members have served honorably. WACVA-AWU HQ must retain proof of service documentation and maintain a roster of all its members, including their service dates, because we are subject to IRS audit.

Members listed on the Transmittal are to be in alphabetical order. Each additional Transmittal forwarded after #1 should commence with the next number in sequence. Do not list auxiliary or associate members. Please prepare the Transmittals as follows:

Card # Membership Cards are provided for Chapter use by WACVA-AWU HQ and are the only cards authorized to be issued to our members. Chapters are to number and sign each card when issuing the card. Membership cards are used at the convention to verify delegates and ensure membership. Request sufficient cards from the Administrative Assistant by email to wacvanlhq@aol.com so members can promptly receive their membership cards.

R Renewal Code - Chapter members renewing their membership.
N New Member Joining Code - Indicate under remarks - NEW
TRF Transfer Code. Chapter Member who was formerly a MAL or member transferring from one chapter to another. In remarks section, indicate if member is a MAL transfer with MAL number or state if member is a “Former Member of Chapter ____”. If their National Dues for the fiscal year were already paid, DO NOT FORWARD ANY MONEY. If they have not paid their dues for the fiscal year, collect dues and send it in. Issue a new membership card.
RE Reinstated Code. A previous member who has not been a member of your Chapter for a year or more.
**Women's Army Corps Veterans' Association - Army Women United (WACVA-AWU)**

**D** Deceased Code indicates the member is deceased.

**V** The V Code indicates that the member’s proof of honorable service was provided to the Chapter or is already on file at WACVA-AWU HQ. Proof of honorable service must be sent to WACVA-AWU Headquarters on all members NO LATER THAN OCTOBER 1, 2019. Any new member’s dues must be forwarded with a copy of their proof of honorable service. DD214, official retirement documents or equivalent official federal or state evidence of honorable service. If currently serving, a statement of honorable service from their records custodian or commander. Do not provide a copy of a military ID card; it is illegal to copy it. **If the member’s current last name is not the same name as is on their documentation, note that in the Remarks section of the Transmittal.**

If a member has a **name change and/or address change**, indicate such in the “Remarks Section” of the Transmittal.

If a member **pays dues in advance of the current fiscal year** their name should still appear on the FY Transmittal. Indicate in Remarks that advance dues were previously paid.

Current National dues are: **$35.00**

- All Renewals and New Members for the Full year
- July 1st

**$17.50** New members joining between January 1st through June 30

**CHECKS ARE TO BE MADE PAYABLE TO:** WACVA-AWU (not to the Treasurer or the Treasurer’s name).

**EXAMPLES:**

<table>
<thead>
<tr>
<th>CARD NO.</th>
<th>CODE</th>
<th>NAME, ADDRESS, &amp; ZIP +4</th>
<th>AMOUNT</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/97</td>
<td>R</td>
<td>Adams, Peggy Sue</td>
<td></td>
<td>New Address</td>
</tr>
<tr>
<td></td>
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<td>111 Smith Avenue</td>
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<td>V at HQ</td>
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<td>Chicago, IL 60606-6266</td>
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<td>2/97</td>
<td>N</td>
<td>Brown, Ann 3012</td>
<td></td>
<td>New Member</td>
</tr>
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<td>V- DD214 attached</td>
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<td>Chicago, IL 60605-1212</td>
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<td>3/9</td>
<td>TRF</td>
<td>Kelly, Joan</td>
<td></td>
<td>From MAL #18-97</td>
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<td>Dues paid</td>
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<td>TRF</td>
<td>King, Louise</td>
<td></td>
<td>TRF from #3</td>
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<tr>
<td></td>
<td></td>
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<td>Dues paid to</td>
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<td>Chicago, IL 60606-6266</td>
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<td>Chapter 3 V at HQ</td>
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<td>5/97</td>
<td>RE</td>
<td>Wood, Betty</td>
<td></td>
<td>Reinstated</td>
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<td></td>
<td>2112 Palm Desert Blvd.</td>
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<td>Prior member</td>
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<td>Chicago, IL 60605-5555</td>
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<td>V-at HQ</td>
</tr>
</tbody>
</table>

Review the transmittal before mailing so that it can be promptly processed. Both WACVA-AWU Headquarters and each Chapter is responsible for maintaining accurate membership information.

Previous editions of this form are obsolete

This form may be photocopied or duplicated

Forms Document 31 Aug 2019
FROM: Chapter #
Date:
TO: Administrative Assistant, National Headquarters

SUBJECT: National Dues/Membership 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 30 June _________.

Prepared by: (Name of person and position)
Email address:
Phone number:
Mailing address:

List members alphabetically by last name.

<table>
<thead>
<tr>
<th>CARD NO.</th>
<th>CODE</th>
<th>NAME, ADDRESS, &amp; ZIP +4</th>
<th>AMOUNT</th>
<th>REMARKS</th>
</tr>
</thead>
</table>

16
Women’s Army Corps Veterans’ Association - Army Women United  
(WACVA-AWU)  
National Honor Guard Application  
Inter Organizational Memorandum

FROM: (Applicant’s name) ______________________________ Date: ________

TO: National President

SUBJECT: Application for Membership in the National Honor Guard

Copies of the application form may be obtained from the National website, Captain of the Honor Guard and may be reproduced locally by the Chapter.

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 in the National Honor Guard Uniform each Fiscal Year.

I am a: Member of Chapter # _______________, or a Member-at-Large ____________

I 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: __________ (DD/MO)

Street Address: __________________________________________

City: ___________________________ State: _____ Zip Code + 4: __________

Phone Hm: (____) _________ C: (____) _________ Email: ________________

Applicant’s Signature: ________________________________________

Chapter President: __________________________ Signature

________________________________________ Date: __________

Printed

Approved the application for the above applicant for membership in the National Honor Guard and verified the information provided by applicant.

Chapter Name & Number or MAL: ________________________________

If applicant is the Chapter President then Chapter 1st VP signs and in case of MAL, National MAL Chairperson signs.

National President’s Signature: ____________________________ Date: __________

Appointed: ________ Not Appointed: _________ Applicant Notified: __________

National Sergeant-at-Arms Notified

_____________________________ Signature

________________________________________ Date: __________

Printed

Honor Guard Captain: __________________________

________________________________________ Signature

________________________________________ Date: __________

Printed

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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: ____________________________________________________________
Women’s Army Corps Veterans’ Association - Army Women United  
(WACVA-AWU)  
Request for Reimbursement  
Inter Organizational Memorandum

FROM: Name: __________________________ Date: ____________

TO: National President

SUBJECT: Request for Payment

Make check payable to: __________________________________________

Send to: _______________________________________________________

_________________________________________________________________

Reimbursement requested for the following items:

CHARGE TO POSTAGE, SUPPLIES, TRAVEL, ETC.  AMOUNT

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

TOTAL ____________

Each item for which payment is requested must be accompanied by a valid receipt or invoice attached to this Request for Payment

Requested by: _________________________________________________

Approved by (National President: ________________________________

Date Approved: _______________________________________________
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: ________________________

4. Deputy Representatives, Number: ________________________

5. Number Regular Scheduled Volunteers: __________________
   Number Non-Chapter Volunteers: _________________________
   Total Number of Volunteers: ____________________________
   Total Number of Hours: ________________________________

6. Number VAVS Meetings Attended:
   Representatives: __________________ Deputy Representatives: _____________

7. Services to which Volunteers assigned: __________________

Certificates/Awards: (Annual only) Give Names:

________________________________________________________________________

________________________________________________________________________

8. Parties: Number:__________ Types: _______________________


10. Chapter participated in the following activities:
   National Salute:__________ Holiday Events:__________ Memorial Day: _______
    Patient Carnival:__________ Veterans Day:__________ Ward Parties: _______
    National Hospital Day Blood Drive:__________ Other: _______________

11. Refreshments furnished: ________________________________

12. Special assistance to Female Patients: _____________________

13. Remarks: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Hospital/VAVS Chairperson: ________________________________

Chapter President Approval: ________________________________
Women’s Army Corps Veterans’ Association - Army Women United
(WACVA-AWU)

Veteran Affairs Voluntary Service (VAVS) Certification Request
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 bottom & reverse of
this form.

Chapter President: ____________________________ Date: ______________

VAVS Deputy Representative for (RE)Certification
   Name: ______________________________________________________________
   Address: _____________________________________________________________
   Home Phone Number: ( ) __________ Work Phone: (_____)

VAVS Deputy Representative for (RE)Certification
   Name: ______________________________________________________________
   Address: _____________________________________________________________
   Home Phone Number: ( ) __________ Work Phone: (_____)

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