

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

WACVAHNBK

SECTION D-1 ***Women's Army Corps Veterans' Association***

Women's Army Corps Veterans' Association

10/14/2014 2024

APPLICATION FOR MEMBERSHIP

Name: (Miss / Ms. / Mrs.) _____

Address: _____ City: _____

State: _____ Zip + 4: _____

Telephone No.:() _____ Email address: _____

Date of Birth: _____ Name while in Service: _____

Branch of Military Service: _____

Serial No.: _____ Social Security No.: _____

Date of enlistment: _____

Place: _____ Date of discharge: _____

Places served: _____

Signature: _____ Date: _____

Please do not write below this line

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. **As of 1 July 2024, the Dues will be:** Regular Member's dues are \$40.00 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 \$20.00 and then \$40.00 per fiscal year thereafter, no matter when she renews.
3. (Affiliate dues are decided by each Chapter.) Affiliate member's dues are \$ _____ per year. For new Affiliate 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.

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.: _____

Mail to: WACVA National Headquarters, P.O. Box 663 Weaver, AL 36277

WACVA-CHAP-3

Previous editions of this form are obsolete.

Forms were Updated 1 April 2024

This form may be photocopied or duplicated.

**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: (_____) _____

Email: _____

4. VAVS Deputy Representative for (RE) Certification

Name: _____

Address: _____

Home Phone Number: (_____) _____ Work Phone: (_____) _____

Email: _____

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: _____

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>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.

Member's Signature: _____

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

TO: Community Projects Chairperson

Name: _____ Phone: (____) _____

Address: _____

Email: _____

(Name of Chairperson is inside the front cover of The Channel)

FROM: Name/Chapter or MAL: _____

Email: _____

Date: _____

Please Print

SUBJECT: *Annual Report on Community Projects*

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

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

Signature: _____

(MAL, Chapter President, or Community Chairperson)

**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: _____
Printed

TO: National President
Sergeant-at-Arms
Captain of the Honor Guard

SUBJECT: Application for Membership in the National Honor Guard

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

Submit the form in triplicate.

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 _____
Number of years of service __ Retired? Yes __ No __ Rank on termination of service: _____
Regular Army _____ Reserves _____ National Guard _____

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. I further affirm that service was during the time of a declared or undeclared war.

Height: _____ Weight: _____ Date of birth: _____ (DD/MO)

Street Address: _____

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

Phone Hm: (____) _____ C: (____) _____ Email: _____

Applicant's Signature: _____

Chapter President: _____ Date: _____

Printed and Signature

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

Chapter Name and Number: _____

If applicant is the Chapter President, then Chapter 1st VP signs and in case of MAL National 2nd VP signs.

National President's Signature: _____ Date: _____

Appointed: _____ Not Appointed: _____ Applicant Notified: _____

National Sergeant-at-Arms Notified: : _____ Date: _____

Honor Guard Captain: : _____ Date: _____

Printed and Signature

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

FROM: Chapter (Name & No.): _____ Date: _____

TO: National Treasurer

COPY TO: National 2nd 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

FROM: Chapter (Name & No.): _____ Date: _____

SUBJECT: National Dues Transmittal Continuation Sheet

TRANSMITTAL FORM NUMBER: _____ DATE: _____

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

See form WACVA-CHAP-9 for Chapter Treasurer Signature.

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 _____
Email: _____

First Vice-President: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip +4 _____

Second Vice-President: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip +4 _____
Email: _____

Recording Secretary: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip +4 _____
Email: _____

Corresponding Secretary: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip +4 _____
Email: _____

Treasurer: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip +4 _____
Email: _____

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

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 _____

Email: _____

Sergeant-at-Arms: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Email: _____

Meetings: _____

Chapter Paper: _____

Editor: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip +4 _____

Email: _____

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:

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
Inter Organizational Memorandum**

This page is for historical purposes only. President's Annual Report is no longer required by Congress. 2 March-2010

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: _____

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: _____

**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: () _____ Email: _____

The name of: _____ is submitted as a candidate for the office of _____ in the Women's Army Corps Veterans' Association – Army Women Untied 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: _____

**Women's Army Corps Veterans' Association
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: _____