



VFW Nomination Form
VA Voluntary Service (VAVS) Representative and Deputy Representative

Today's Date: _____

Department: _____

Department Commanders Name (or Appointed Designee/Title): _____

Email: _____ Phone Number: _____

VFW Member being Nominated for VAVS Position

Name (First name, Middle name, Last name): _____

Address (Physical & Mailing Address if different both must be provided): _____

Physical Address: _____

Mailing Address: _____

Phone: (primary) _____ (emergency) _____

Email: _____

VFW Membership #: _____

VFW Post #: _____

City/State of Assigned VFW Post: _____

Name of VA Facility to be assigned: _____

Position Appointed: ☐ Representative, ☐ Deputy Representative, ☐ Associate Representative,
☐ Honorary Representative

Type of Appointment: ☐ Newly Appointed or ☐ Reappointed

Have you ever filled one of these positions previously: _____

If yes, when & where: _____ & _____

Please email the completed form to the National VFW VAVS Staff at vavs@vfw.org

NATIONAL HEADQUARTERS

406 W. 34th Street
Kansas City, MO 64111

Office 816.756.3390
Fax 816.968.1157

WASHINGTON OFFICE

200 Maryland Ave., N.E.
Washington, D.C. 20002

Office 202.543.2239
Fax 202.543.6719

info@vfw.org
www.vfw.org