



AMERICAN LEGION AUXILIARY CERTIFICATION OF VAVS ASSOCIATE REPRESENTATIVES

Name of Facility: _____

Address of Facility: _____

(City, State, and Zip Code)

**Return to: American Legion Auxiliary
National Headquarters
Attn: VA&R Program Coordinator
3450 Founders Road
Indianapolis, IN 46268 or Fax
to 317-569-4502**

This is to certify the following appointment(s) to be effective until successors are certified. **Please complete all requested information.** If a person is being removed, please include reason for removal. PLEASE NOTE: Any Associate Representatives and Associate Deputy Representatives live and hold ALA membership in an adjoining state to the facility where they volunteer. This is VA Policy, not ALA Policy.

ASSOCIATE REPRESENTATIVE

NEW ADDRESS CHANGE REMOVE DECEASED*

Name: _____

Member #: _____

Address: _____

(City, State & Zip)

Phone: _____ Email: _____

Replacing/Reason for removal: _____

(Name)

ASSOCIATE DEPUTY REPRESENTATIVE

NEW ADDRESS CHANGE REMOVE DECEASED*

Name: _____

Member #: _____

Address: _____

(City, State & Zip)

Phone: _____ Email: _____

Replacing/Reason for removal: _____

(Name)

*If volunteer is deceased, please supply contact information to whom we may send a note of condolence.

Signed: _____

ALA Department President

Approved: _____

ALA National President

Date: _____

Date: _____

Note to Department Secretary—please make a copy for your records.