



AMVETS National Ladies Auxiliary  
VAVS Representative & Deputy Certification  
(PLEASE PRINT OR TYPE)

TO: National VAVS Representative  
Marie Rorrio  
16 Till Street  
Enfield, Connecticut 06082

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

The Department of \_\_\_\_\_ submits the following member for certification as VAVS Representative and /or Deputy to serve an indefinite term at the following Medical Center:

Name of Facility \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**REPRESENTATIVE**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DEPUTY**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The above new appointments replace the following persons:

Representative \_\_\_\_\_ and/or Deputy \_\_\_\_\_

\_\_\_\_\_  
Signature of Department President

\_\_\_\_\_  
Signature of Department Hospital Chairman

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

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

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone