

VAVS RECOMMENDATION

ANNUAL

GRAND

Mail to: Supreme VAVS Representative
Rebecca Wischmeyer
904 Bourn Avenue
Columbia, MO 65203

Date: _____

The following are the recommendations for the VAVS Committee at the Department of Veterans Affairs Medical Center:

Name: _____ Location: _____
VA Medical Center Name Address of the VA Medical Center

Recommendations will be accepted only from the Grand President or, if not in a Grand, a local Auxiliary President. Please give name of person that you are replacing as well as the person to be certified.

REPRESENTATIVE

Please Remove: Name _____
Please certify the following name: Name _____
Address _____

DEPUTIES

Please Remove: Name _____
Please certify the following name: Name _____
Address _____

Name _____ Name _____
Address _____

Name _____ Name _____
Address _____

ASSOCIATE (across State lines) Name _____
Address _____

HONORARY (must have served at least 10 years as Representative) Name _____
Address _____

Grand President _____ **(signature)**
Address _____
E-mail: _____ **Phone #:** _____