

AMVETS National Ladies Auxiliary
VAVS Representative & Deputy Certification
(Please Print or Type)

TO: National VAVS Representative

Patty Piening

3189 Portrush Way

Amelia, Ohio 45102

Date: _____

The Department of _____ would like to submit the following certification as VAVS Representative and/or Deputies to serve an indefinite term at the following Medical Center.

Name of Facility _____

Street Address _____

City, State, Zip Code _____

REPRESENTATIVE

Name _____

Street _____

City _____

Phone _____

Email _____

State _____

Zip _____

DEPUTY

Name _____

Street _____

City _____

Phone _____

Email _____

State _____

Zip _____

DEPUTY

Name _____

Street _____

City _____

Phone _____

Email _____

State _____

Zip _____

The above new appointments replace the following persons:

Representative _____ and/or Deputy _____

Signature of Department President

Signature of Department Hospital Chrm.

Street Address

Street Address

City

State

Zip

City

State

Zip

Email or Phone

Email or Phone