



## **Military Order of the Purple Heart Auxiliary**

VAVS Representative / Deputy Representative Appointment Form

Unit to Department Nomination Request

Department Certification Request

**Date:**

**FROM: Unit President**

**TO: Department President**

Unit Number:	Department of
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Email:	Email:

**The following Unit member meets the high standards required to be a VAVS Representative / Deputy Representative (please circle one) and is recommended for appointment to that position at the VAMC facility listed below:**

<b>New Rep/Deputy Information</b>	<b>Replacing Rep/Deputy (if applicable)</b>
Representative / Deputy Rep (please circle one)	Representative / Deputy Rep (please circle one)
Name:	Name:
Street:	Street:
City/State/Zip:	City/state/zip:
Home phone:	Home phone:
Cell phone:	Cell phone:
Email:	Email:
MOPHA membership #	
<b>VAMC Facility Name:</b>	
Address:	
City/State/Zip:	

\_\_\_\_\_  
Signature of Unit President

\_\_\_\_\_  
Date

Submit this form to your Department MOPHA President. The Department President will submit this form, along with the Department Certification form to the VAVS National Representative.

<b>New Rep/Deputy Information</b>	<b>Replacing Rep/Deputy (if applicable)</b>
Representative / Deputy Rep (please circle one)	Representative / Deputy Rep (please circle one)
Name:	Name:
Street:	Street:
City/State/Zip:	City/state/zip:
Home phone:	Home phone:
Cell phone:	Cell phone:
Email:	Email:
MOPHA membership #	
<b>VAMC Facility Name:</b>	
Address:	
City/State/Zip:	

<b>New Rep/Deputy Information</b>	<b>Replacing Rep/Deputy (if applicable)</b>
Representative / Deputy Rep (please circle one)	Representative / Deputy Rep (please circle one)
Name:	Name:
Street:	Street:
City/State/Zip:	City/state/zip:
Home phone:	Home phone:
Cell phone:	Cell phone:
Email:	Email:
MOPHA membership #	
<b>VAMC Facility Name:</b>	
Address:	
City/State/Zip:	

**Department**

**Request for Certification of VAVS Representative and/or Deputy Representative**

I request that the MOPHA member(s) named on the attached page(s) be certified to serve at the VAMC facility or VA State Veterans Home as noted with their information.

Estimated assignment period: Three (3) years ending:

Yours In Patriotism,

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Department President Signature

Department Presidents: Please mail (or email) this letter, along with the Unit's Request Form to:

Molly Ware  
3314 Hillis Road  
Agusta, Georgia 30906  
mophavavs@gmail.com  
706-294-2823