In order to keep uniform records and files, please use this form for all requests for certification and/or re-certification of Marine Corps League VAVS Representatives and Deputies. If the space provided is not sufficient, use the other side or an additional piece of paper to complete your request. PLEASE PRINT OR TYPE THE INFORMATION.

Return the form directly to your National VAVS Representative.

From: Unit Name _____ City & State _____

Hospital Served _____ City & State _____

To: National VAVS Representative, Marine Corps League Auxiliary

Please certify (or recertify) the following:

____**Certify**
____**Recertify as Representative**
____**Deputy #** ___

Name: _____

Address: _____

City, State & Zip: _____

Phone # _____ **Name & relationship of Marine by whom you are eligible** _____

_____

____**Certify**
____**Recertify as Representative**
____**Deputy #** ___

Name: _____

Address: _____

City, State & Zip: _____

Phone # _____ **Name & relationship of Marine by whom you are eligible** _____

_____

____**Certify**
____**Recertify as Representative**
____**Deputy #** ___

Name: _____

Address: _____

City, State & Zip: _____

Phone # _____ **Name & relationship of Marine by whom you are eligible** _____

_____

Date _____ **(Signed)** _____
Unit President

(Rev 8/01)