MARINE CORPS LEAGUE AUXILIARY, INC.

CERTIFICATION / RECERTIFICATION REQUEST

TO: MCLA National VAVS Representative
Karen Bressler
6500 South Dayton Street Apt F107
Centennial, CO 80111

Date: _____

E-mail: buddysmommcla@gmail.com

This certification/recertification is required every two years by the Dept. of Veterans Affairs regulations for Veterans organization volunteers. You can name one (1) Representative and up to three (3) Deputy Representatives. (Please print all information)

Unit Name _____City & State_____
Hospital Served _____City & State_____

Name of Representative: _____Cert.____Recert_____

Street Address _____Phone #_____

City, St., Zip Code _____Email _____

Name of Deputy: _____Cert.____Recert_____

Street Address _____Phone #_____

City, St., Zip Code _____Email _____

Name of Deputy: _____Cert.____Recert_____

Street Address _____Phone #_____

City, St., Zip Code _____Email _____

Name of Deputy: _____Cert.____Recert_____

Street Address _____Phone #_____

City, St., Zip Code _____Email_____

Signed:

_____ _____ Unit ____Dept____
Signature Print Name President (Indicate)
Address and/or Email Address:

Revised 08/11/2016 Enclosure 35