

MARINE CORPS LEAGUE AUXILIARY, INC.
CERTIFICATION / RECERTIFICATION REQUEST

TO: MCLA National CDCE Representative
Evelyn B. Joppa
416 N. Dartmouth Lane
Spokane Valley, WA 99206-4293

Date: _____

Email: evelyn.mrsjs@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 _____

Signed:

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