



***Ladies Auxiliary, Military Order of the Purple Heart***

**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:
LAMOPH membership #	
<b>VAMC Facility Name:</b>	
Address:	
City/State/Zip:	

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

\_\_\_\_\_  
**Date**

Submit this form to your Department LAMOPH 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:
LAMOPH 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:
LAMOPH 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 LAMOPH 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:

Cheryl Perez  
PO Box 120085  
Chula Vista, CA 91912  
lamophvavs@gmail.com  
619-997-5501