



Vietnam Veterans of America
8719 Colesville Road, Suite 100
Silver Spring, MD 20910

VVA Medal – Nomination Form

Nominee's Name _____ Membership No. _____

Address _____

City _____ State _____ Zip _____

Chapter / Sate Council _____

SECTION 1; State why you feel this individual qualifies for the VVA medal (use additional sheets if necessary)

SECTION 2: Offices and/or Committees individual served on (use additional sheets if necessary)

Submitted by; _____ Membership No. _____

Address _____

City _____ State _____ Zip _____

Check one: Chapter President State Council President Executive Board Regional Director At Large Director

Signature of Officer _____ Date _____: