**Policy Change Request Form Instructions: (WORD)**

This form uses Microsoft Word, and can be saved on your computer and can be printed for mailing or attached to an email and sent to the P&P Chairperson. PC USERS: You may have to click the “Enable Editing” tab in the Word Program to use this form. When you are done filling it out, you simply go to FILE > SAVE AS> and save it with a new file name. The request form can be found on the AVVA web site. (General Forms Page)

***DO NOT USE THE TAB KEY TO MOVE FROM SPACE TO SPACE! YOU MUST CLICK YOUR CURSER INTO EACH INDIVIDUAL SPACE OR BOX!***

**PERSON SUBMITTING THE REQUEST:**

In the upper right corner area, fill out your name, the date, the state and chapter you are a member of, and your email address and phone number. It is important that the P&P chair has a means to contact you, should there be any questions or concerns about your request.

Fill in the Section number and the sub-section numbers of the policy that you are requesting to change.

EXAMPLE: P&P Section: 6 Sub-section: II.A.1

**CURRENT POLICY: PROPOSED REVISIONS: REVISED POLICY:**

In boxes provided, you need to show what the current language is, then include your proposed changes, in order to show exactly what changes you want, where they will affect the document, and then show how it will look once changed. You should be able to copy and paste, if you are familiar with that function. Below is an example. You will want to “~~strike through~~” any words that you intend to take out, and add with ***italic red text***, any wording you want to add. EXAMPLE:

(Highlight what you want to change and then go to the ~~strike through~~ or the text color icon, change and click somewhere else on the document to “unhighlight”)

The National Membership Chair will confirm that the requesting state meets the minimal membership requirements. After confirmation, The Incorporation Packet will be mailed to the State Representative.

The National Membership Chair will ~~verify~~ *confirm* that the requesting state meets the minimal membership requirements. After ~~verification,~~ *confirmation****,*** ~~the incorporation petition~~  *The Incorporation Packet* will be mailed to the State Representative.

The National Membership Chair will verify that the requesting state meets the minimal membership requirements. After verification, the incorporation petition will be mailed to the State Representative.

\*\*\*\*TYPING BEYOND THE EXISTING BOTTOM LINE WILL AUTOMATICALLY CREATE A PAGE 2. If there is more text than will fit in the existing box it will automatically stretch into a second page. Go to the last page and fill in your justification for this request. Once you have fully filled out this form, use the “SAVE AS” function in your program and name the file something different. Print a copy, to mail to the address below, or simply attach it to an email it to:

Mailing: Barbara Coan, Bylaws Chair Email: [BCOAN.AVVA@GMAIL.COM](mailto:BCOAN.AVVA@GMAIL.COM)

155 River Pass Drive

Marshfield, MO 65706

You will be notified by the P&P Chair when your request has been received and what action has been or will be taken.

**ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.**

**REQUEST FOR CHANGE – POLICY AND PROCEDURE MANUAL**

|  |  |
| --- | --- |
| Date: |  |
| Name: |  |
| State/Chapter: |  |
| Email/Phone: |  |

**---------------------------------------------------------------------------------------------------------------------------------------**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Policy Section: |  | Policy Sub-Section: |  | Other Policy Affected: |  |

**CURRENT POLICY LANGUAGE PROPOSED REVISIONS REVISED POLICY**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Revised Sept 2024 F-P&P 03.01

**JUSTIFICATION FOR CHANGE(S):** (State your reasons for requesting this change, and why it would be to the Organization’s advantage.)

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Revised: Sept 2024 F-P&P 3.01