

## Policy Change Request Form Instructions: (PDF)

This form is a PDF document and cannot be saved on your computer once it is filled out. It will open in 'Adobe Reader', which is a free program, downloadable from <http://get.adobe.com/reader/>. When the form opens, click on the "sign" or "signatures" icon on the left; you can then add text to the document. You can tab from one field to the next. When you are done filling it out, you can print pages 2 & 3 to mail in, or you can scan the printed document into your computer, and send it electronically. The request form can be found on the AVVA web site, under FORMS. ( [www.avva.org](http://www.avva.org) and click on the FORMS link).

### 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:** Policy Section: 6 Sub-section: II.A.1

### CURRENT POLICY LANGUAGE:

### PROPOSED REVISIONS:

### REVISED POLICY:

In these boxes, you need to show what the current language is, then include your proposed changes, in order to show exactly what changes you want in the place they will appear in 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. Here is an example. You will want to "strike through" any words that you intend to take out, and add with ***Bold, Italic, Underlined Text***, any wording you want to add. EXAMPLE:

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.

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

**\*\*\*\* YOU CANNOT TYPE BEYOND THE BOTTOM LINE OF THE FORM.** If there is more text than will fit in the existing box, you will need to create a separate page two. Go to the last page, and fill in your justification for this request. Once you have fully filled out this form, print a copy to mail to the address below, or print and scan the printed copy into your computer, and attach it to an email it to:

Cecilia Essenmacher, P&P Chair  
2594 Moonglow Drive  
Saginaw, MI 48603

OR: email as an attachment to: [librnok@hotmail.com](mailto:librnok@hotmail.com)

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**  
**(See instructions – page One)**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
State/Chapter: \_\_\_\_\_  
Email/Phone: \_\_\_\_\_

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Policy Section: \_\_\_\_\_ Policy Sub-Section: \_\_\_\_\_

<b>CURRENT POLICY LANGUAGE</b>	<b>PROPOSED REVISIONS</b>	<b>REVISED POLICY</b>

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

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

**(See instructions – page One)**

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

Empty box for justification for change(s).