

**VIETNAM WAR COMMEMORATION
COMMEMORATIVE PARTNER PROGRAM APPLICATION
(Civilian Organizations only)**

PRIVACY ADVISORY

AUTHORITY: 10 U.S.C. Section 113 note (Public Law 110-181, div. A, title V, Section 598, Jan. 28, 2008, 122 Stat. 141), Program to Commemorate 50th Anniversary of the Vietnam War.

PRINCIPAL PURPOSE(S): Multiple organization points of contact and contact information are necessary to allow DoD to communicate with the organization.

DISCLOSURE: Voluntary. However, failure to provide requested point of contact information may adversely affect your acceptance as a commemorative partner.

INSTRUCTIONS

To apply to become a Commemorative Partner, please fill out the following information in as much detail as possible. Please type or print clearly.

Steps:

1. Use this form (DD Form 2954 for military installations) to list your organization's name and provide the names, addresses, email and telephone numbers of your committee's chairperson and point(s) of contact (POC).
2. Use Page 2 of this form to list the members of your Commemorative Committee. You may add as many as you like, but we require at least three members.
3. Use the Submit button at the bottom of this form to email your application to: WHS.VNWAR50th_CPP_CIVAPP@mail.mil.
fax to: 571-256-3389, or mail hard copies to:
The United States of America Vietnam War Commemoration, 241 18th Street South, Suite 101, Arlington, VA 22202.

1. ORGANIZATION

a. NAME	b. TELEPHONE NUMBER <i>(Include Area Code)</i>		
c. MAILING ADDRESS: (1) STREET <i>(Include Suite Number)</i>	(2) CITY	(3) STATE	(4) ZIP CODE

2. COMMITTEE CHAIRPERSON

a. NAME	b. EMAIL ADDRESS	c. TELEPHONE NUMBER(S) <i>(Include Area Code)</i>	
d. MAILING ADDRESS			
(1) STREET <i>(Include Suite Number)</i>	(2) CITY	(3) STATE	(4) ZIP CODE

3. POINT OF CONTACT

a. NAME	b. EMAIL ADDRESS	c. TELEPHONE NUMBER(S) <i>(Include Area Code)</i>	
d. MAILING ADDRESS: (1) STREET <i>(Include Suite Number)</i>			
(1) STREET <i>(Include Suite Number)</i>	(2) CITY	(3) STATE	(4) ZIP CODE

4. POINT OF CONTACT

a. NAME	b. EMAIL ADDRESS	c. TELEPHONE NUMBER(S) <i>(Include Area Code)</i>	
d. MAILING ADDRESS: (1) STREET <i>(Include Suite Number)</i>			
(1) STREET <i>(Include Suite Number)</i>	(2) CITY	(3) STATE	(4) ZIP CODE

5. POINT OF CONTACT

a. NAME	b. EMAIL ADDRESS	c. TELEPHONE NUMBER(S) <i>(Include Area Code)</i>	
d. MAILING ADDRESS: (1) STREET <i>(Include Suite Number)</i>			
(1) STREET <i>(Include Suite Number)</i>	(2) CITY	(3) STATE	(4) ZIP CODE

ADDITIONAL COMMEMORATIVE PARTNER COMMITTEE MEMBERSHIP

(If applicable)

a. NAME <i>(Last, First)</i>	b. TITLE OR POSITION	c. EMAIL/TELEPHONE NUMBER <i>(Include area code)</i>
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