

**VIETNAM WAR COMMEMORATION  
COMMEMORATIVE PARTNER PROGRAM APPLICATION  
(DoD Component and Military Installations only)**

Use the Submit button to return completed form to: [WHS.VNWAR50th\\_CPP\\_MILAPP@mail.mil](mailto:WHS.VNWAR50th_CPP_MILAPP@mail.mil) or fax to: 571-256-3390.

<b>1. APPLICATION DATE</b> <i>(YYYYMMDD)</i>	<b>2. ORGANIZATION/INSTALLATION</b>	<b>3. STATE</b>	<b>4. CITY</b>
<b>5. DATE COMMITTEE ESTABLISHED</b> <i>(YYYYMMDD)</i>		<b>6. NEAREST INCORPORATED CIVILIAN COMMUNITY</b>	
<b>7. MILITARY BRANCH</b> <i>(X if applicable)</i>			
<input type="checkbox"/> USMC	<input type="checkbox"/> USN	<input type="checkbox"/> USA	<input type="checkbox"/> USAF
<input type="checkbox"/> USMCR	<input type="checkbox"/> USNR	<input type="checkbox"/> USAR	<input type="checkbox"/> USAFR
<input type="checkbox"/> OTHER DoD COMPONENT <i>(Specify)</i>		<input type="checkbox"/> USCG	<input type="checkbox"/> USCGR
		<input type="checkbox"/> ARMY NATIONAL GUARD	<input type="checkbox"/> AIR NATIONAL GUARD
<b>8. COMMEMORATIVE COMMITTEE</b>			
a. OFFICIAL MAILING ADDRESS: (1) STREET <i>(Include Suite Number)</i>		(2) CITY	(3) STATE
			(4) ZIP CODE
b. ORGANIZATION'S EMAIL ADDRESS		c. ALTERNATE EMAIL ADDRESS	
d. TELEPHONE NUMBERS <i>(Include area code/extensions)</i>			
(1) COMMERCIAL	(2) ALTERNATE COMMERCIAL	(3) DSN	
<b>9. COMMEMORATION CHAIRPERSON</b>			
a. LAST NAME		b. FIRST NAME	
c. OFFICIAL MAILING ADDRESS			
(1) STREET <i>(Include Suite Number)</i>		(2) CITY	(3) STATE
			(4) ZIP CODE
d. EMAIL ADDRESS			
e. TELEPHONE NUMBERS <i>(Include area code/extensions)</i>			
(1) COMMERCIAL	(2) ALTERNATE COMMERCIAL	(3) DSN	
<b>10. FIRST ALTERNATE COMMITTEE MEMBER</b>			
a. LAST NAME		b. FIRST NAME	
c. OFFICIAL MAILING ADDRESS			
(1) STREET <i>(Include Suite Number)</i>		(2) CITY	(3) STATE
			(4) ZIP CODE
d. EMAIL ADDRESS			
e. TELEPHONE NUMBERS <i>(Include area code/extensions)</i>			
(1) COMMERCIAL	(2) ALTERNATE COMMERCIAL	(3) DSN	
<b>11. SECOND ALTERNATE COMMITTEE MEMBER</b>			
a. LAST NAME		b. FIRST NAME	
c. OFFICIAL MAILING ADDRESS			
(1) STREET <i>(Include Suite Number)</i>		(2) CITY	(3) STATE
			(4) ZIP CODE
d. EMAIL ADDRESS			
e. TELEPHONE NUMBERS <i>(Include area code/extensions)</i>			
(1) COMMERCIAL	(2) ALTERNATE COMMERCIAL	(3) DSN	

**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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