

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 to list your organization's name and provide the names, addresses, emails and telephone numbers of your committee's chairperson and at least two additional point(s) of contact (POC). Use DD Form 2954 for military installations/organizations.
2. Use Page 2 of this form to list additional members of your Commemorative Committee.
3. You may email your application to: WHS.VNWAR50th_CPP_CIVAPP@mail.mil or 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/extensions)</i>	c. ORGANIZATION WEBSITE		
d. MAILING ADDRESS: (1) STREET <i>(Include Suite/Apt. Number)</i>	(2) CITY	(3) STATE	(4) COUNTRY	(5) ZIP CODE

2. COMMITTEE CHAIRPERSON

a. NAME	b. EMAIL ADDRESS	c. TELEPHONE NUMBER(S) <i>(Include area code/extensions)</i>		
e. MAILING ADDRESS				
(1) STREET <i>(Include Suite/Apt. Number)</i>	(2) CITY	(3) STATE	(4) COUNTRY	(5) ZIP CODE

3. POINT OF CONTACT

a. NAME	b. EMAIL ADDRESS	c. TELEPHONE NUMBER(S) <i>(Include area code/extensions)</i>		
d. MAILING ADDRESS: (1) STREET <i>(Include Suite/Apt. Number)</i>	(2) CITY	(3) STATE	(4) COUNTRY	(5) ZIP CODE

4. POINT OF CONTACT

a. NAME	b. EMAIL ADDRESS	c. TELEPHONE NUMBER(S) <i>(Include area code/extensions)</i>		
d. MAILING ADDRESS: (1) STREET <i>(Include Suite/Apt. Number)</i>	(2) CITY	(3) STATE	(4) COUNTRY	(5) ZIP CODE

5. POINT OF CONTACT

a. NAME	b. EMAIL ADDRESS	c. TELEPHONE NUMBER(S) <i>(Include area code/extensions)</i>		
d. MAILING ADDRESS: (1) STREET <i>(Include Suite/Apt. Number)</i>	(2) CITY	(3) STATE	(4) COUNTRY	(5) ZIP CODE

ADDITIONAL COMMEMORATIVE PARTNER COMMITTEE MEMBERSHIP

(If applicable)

	a. FIRST NAME	b. LAST NAME	c. EMAIL ADDRESS	d. TELEPHONE NUMBER(S) <i>(Include area code/extensions)</i>
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