

# VETERANS ASSISTANCE COMMISSION OF COOK COUNTY

(Cook County Juvenile Center) 1100 S. Hamilton Ave., C011 (Lower Level) Chicago, Illinois 60612 Office: (312) 433-6010 / Fax: (312) 433-6015

Enrollment begins 1 January apply BEFORE 1 March for membership in the VACCC

### VETERANS ORGANIZATION MEMBERSHIP APPLICATION INSTRUCTIONS

• The application form is a fillable **PDF** which means you can fill out all the information on your computer. This should be done by the Post/Chapter Commander/President or designate.

• After the **PDF** is filled out the document must be **SAVED** with the filled out information.

### 1. Click to save

#### Save Application

• The **PDF** can now be attached to **an email** or **printed out** then mailed to the VACCC office. Naturally the application can be hand written as well, scanned or mailed.

2. Click Email then attach PDF	vaccookcounty@gmail.com	<b>Print</b> Application
On most Computers this will	If using other devices just	
launch email and fill in addresses	use this email address	Print

• The Commander/President deligate and alternate shall be informed they are members after the membership chair finds that the organization is eligable in compliance with

#### Sec. 9 (330 ILCS 45/) Military Veterans Assistance Act

## Notes

• A Veterans Service Organizations Commander/President appoints one delegate & one alternate to represent that organization. *A delegate or alternate should only represent one organization* 

• Your veterans organization must be *Federally* or *State* (*Public Act 103-0405*) Chartered with dues paying membership of at least15. No delegate or alternate should represent more than one eligible organization. Delegates must furnish contact information.

• If your authorized organization resides outside of Cook County 25% of your members must be residents of Cook County. *Sec. 9. (4) MVAA* 

• The Delegate or Alternate are expected to attend quarterly meetings in person. (*Please do not become a VACCC member without this commitment*).

**Why become a member organization**.....Every chartered VSO organization is allowed to appoint a delegate and alternate to serve on the Veterans Assistance Commission in their County. It is imperative that every Post or District appoint their delegates and alternates for their County VAC and that those delegates and alternates attend the meetings and vote on the matters presented. In order to keep the VAC operating under the watch of the veteran's organizations and providing the much needed support to veterans in need, we must be active participants in the VAC. The **Veterans Assistance Commission of Cook County** serves one of the largest veterans populations in the nation.



#### VETERANS ORGANIZATION MEMBERSHIP APPLICATION

(Please complete All Information on this is a fillable PDF document Print for mailing or Submit a SAVED copy via email)

Current Date:	Organization:	Post/Chapter No:	
Commander/Presiden	t/Chairperson:		
Post/Chapter Address	s:		
City:		State: ZIP:	
Phone: ()	Email:		
Note:			
Delegate Name:		Phone: ()	
Email:		List DELG POC info? Y N	
Alternate Name:		Phone: ()	
Email:		List DELG POC info? Y N	

1. Click to save 2. Click Email then attach PDF vaccookcounty@gmail.com

**NOTE:** This is a revised application for membership in the VACCC. Our office shall process and then confirm it has been received. The Delegate and Alternate Delegate will represent your Congressional or State Chartered Veterans Organization at meetings of the VAC of Cook County. *A delegate or alternate should only represent* **one** *organization*. **Meetings Shall be held live in person** per the **Illinois Open Meetings Act**. Quarterly unless a special meeting is called 7:00 PM Locations shall vary in Cook County. **Call the VAC office 312-433-6010 should you have any questions (M-F) 9:00 AM – 4:00 PM.** 

Please insure that your organization delegate or alternate attends these meetings we must insure a quorum

OR Mail Veterans Assistance Commission of Cook County Attn: 2nd Vice Preesident, 1100 S Hamilton Ave., Chicago, IL 60612 vaccookcounty@gmail.com

Save Application Print Application

Official Use Only:

Date Received:

\_\_ Initials: \_\_

For More Details on Veterans Assistance Commissions (330 ILCS 45/) Military Veterans Assistance Act.