ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.

SPECIAL ADVISOR TO VVA COMMITTEE REPORT

Committee: _____ Meeting Date: _____

Committee Chair: _____ Reporting Date: _____

AVVA Advisor: _____ Title: _____

Report: (state the actions of this committee, any action asked of AVVA, any legislative information, and committee goals)

COMPLETE THIS FORM AND SEND TO THE NATIONAL VICE-PRESIDENT WITHIN 15 DAYS OF YOUR MEETING