



2750 North Lakeview Avenue
Chicago, Illinois 60614 (Phone: (773) 755-4736
E-mail: Vets@elks.org

**PROPOSAL TO ADD NEW REPRESENTATIVE
OR DEPUTY REPRESENTATIVE**

Name of Facility:

Type: VAMC _____ State Nursing Home _____ VA CBOC (outpatient clinic) _____ Other _____

Number of Beds (if applicable) _____

Contact at Facility (Name & Title) _____

Address of Facility: _____

Phone/Email: _____

Proposed Representative (if applicable):

Name: _____

Address: _____

City, State, Zip Code _____

Telephone & Email _____

Member of _____ Lodge No. _____

Proposed Deputy Representative (if applicable):
(List others on reverse side)

Name: _____

Address _____

City, State, Zip Code _____

Telephone & Email _____

Member of _____ Lodge No. _____

Approval of Representative or Deputy Representative By:

State Sponsor _____

State President _____

State ENVSC Chairman _____