

**VETERANS ASSISTANCE COMMISSION
OF VERMILION COUNTY, ILLINOIS**

123 N Hazel Street, Danville, IL 61832

217-554-7950

TO: ALL VETERANS SERVICE ORGANIZATIONS

In order that the Veterans Assistance Commission may have a current mailing list for each of our Member Organizations, please complete and return this form which serves the purpose of acknowledging the **annual term of your Delegate and Alternate, as well as the continued active Membership of your Veteran Service Organization to the VACVC.**

Please PRINT the requested information legibly so that the office can send notification of meetings and/or material of interest to the Veteran community.

Veterans Organization/Post Name

Mailing Address

Commander
Name

City/Zip

Phone Number

REPRESENTATIVE TO VETERANS ASSISTANCE COMMISSION

DELEGATE

ALTERNATE

Name

Name

Mailing Address

Mailing Address

City/Zip

City/Zip

Phone Number/Email

Phone Number/Email

I hereby verify the above appointments to the Veterans Assistance Commission of Vermilion County:

Signature of Commander

Date

Please return completed form to: **E. Marti Carroll, Superintendent**
At the above noted mailing address

PLEASE PRESENT TO YOUR MEMBERSHIP

VETERANS ASSISTANCE COMMISSION OF VERMILION COUNTY
123 N Hazel Street
Danville, Illinois 61832

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Greetings Comrades:

Thank you for your participation and support of the Commission over the previous year. We must remain ever mindful of our veteran brothers and sisters, along with their families, who have served our country with honor and dignity and rely upon our continued support. I also wish to remind you that the VACVC functions as a Central Service Office for all Vermilion County Veteran Organization Posts and Detachments. **We fortify our effectiveness through evidence of your continued participation, specifically through designating a Delegate and Alternate as your representative.**

In accordance with 330 ILCS 45/9, paragraph (a), Sections 1 and 2, we now call upon you to select your Delegate and Alternate, who will represent your Post or Detachment to the Commission.

Meeting attendance is strongly encouraged but not a requirement of representation.

The selection of a Delegate and Alternate demonstrates endorsement of our Mission, which includes Advocacy, Community Resource referral, qualified Financial Assistance, and VA benefit claims services provided appropriately to honorably discharged military veterans and their eligible dependents.

THERE IS NEVER ANY FEE OR CHARGE TO THE VETERAN AND HIS/HER ELIGIBLE DEPENDENT(S) FOR ANY VACVC SERVICE RENDERED, NOR IS THERE ANY FEE OR CHARGE TO YOUR VETERAN ORGANIZATION. You need only to refer anyone to our office that you believe may benefit from assistance within the scope of our Mission.

If you have any questions or need further clarification, feel free to contact the Superintendent at the phone number listed at the top of this page or email: marti.carroll@vercounty.org

Please complete the enclosed form and return to the VACVC Office no later than Saturday, March 1, 2025.

Best Regards,



E. Marti Carroll, Superintendent
Veterans Assistance Commission of Vermilion County
Marti.carroll@vercounty.org