

State of Nevada Recognized Veterans Service Organization Registry Form

Organizational Information			
Organization Name:			
Type (Circle one): Post Chapter Club State District Other: _____			
Mailing Address:			
Phone:		Email:	
Meeting Times:		Meeting Location:	
Is the organization a 501 C3/C4? (Check one): YES ____ NO ____			
Membership (Estimated Number of Members):			
Public Knowledge			
Can we make this information available to people who wish to learn about your organization? (Check one): YES ____ NO ____			
Would you like to receive NDVS Information Bursts /Communication Notices?			
Do you have a Veterans Service Officer (VSO)? If so, complete the next section			
VA Accredited: YES ____ NO ____		Non- VA Accredited: YES ____ NO ____	
VSO Contact information (Include name, location, e-mail, and telephone number)			
1. NAME:	LOCATION:	EMAIL:	PHONE:
2. NAME:	LOCATION:	EMAIL:	PHONE:
3. NAME:	LOCATION:	EMAIL:	PHONE:
4. NAME:	LOCATION:	EMAIL:	PHONE:
What else would you like us to know about your organization?			