

Application for Appointed Officer

Please complete this form and send to:

Kelly Magalis
VARLCA President
102 Buchanan Dr.
Stephens City VA 22655

Printed Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Local #: _____

I am interested in serving in the following positions:

- | | |
|---|---|
| <input type="checkbox"/> Insurance Representative | <input type="checkbox"/> Historian |
| <input type="checkbox"/> PAC Chairman | <input type="checkbox"/> State Chaplain |
| <input type="checkbox"/> Provident Guild Representative | <input type="checkbox"/> Legislative Director |

Provide, with your application, a brief account of your postal employment, membership and participation in the VARLCA, including participation at the local level.

**** Appointments need not be restricted to applicants ****