



VVA CHAPTER ELECTION REPORT

Complete and forward this form (of facsimile) to:

Vietnam Veterans of America
Attn: Membership Affairs
8719 Colesville Road, Suite 100
Silver Spring, MD 20910
Phone: 301-585-4000 - Fax: 301-585-3019

Election for: 20_____ - 20_____ year(s)

The Chapter shall submit the election results to both the State Council and National Membership Department not later than July 15 of the year in which the elections take place.

(As Required by VVA Constitution: Article III, Section 9)

Frequency of Chapter elections: (please check) Annually Biennial

Chapter Contact Information

Chapter Number: _____ Chapter Name: _____

Official Chapter Address: _____

City: _____ State: _____ Zip: _____

Chapter Phone: _____

Chapter Fax: (if applicable) _____

Chapter e-mail Address: _____

Chapter Web-Site: (if applicable) _____

1st Contact Person:

Name: _____ Title: _____

E-mail Address: _____ Phone Number: _____



2st Contact Person: (if applicable)

Name: _____ Title: _____

E-mail Address: _____ Phone Number: _____

POSITION

President Name: _____ Membership No: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Vice President 1 Name: _____ Membership No: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Vice President 2 Name: _____ Membership No: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Secretary Name: _____ Membership No: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____



POSITION

Treasurer Name: _____ Membership No: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

**Secretary/
Treasurer** Name: _____ Membership No: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

**Membership
Contact** Name: _____ Membership No: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Chapter Meeting information: Please provide meeting location, day of month, time.



The membership of the Board of Directors shall consist of not less than five (5) nor more than twenty (20), to include minimum of Five (5): President, Vice President, Secretary/Treasurer and two (2) Directors or any other Officer/director combination up to twenty (20). (as required by VVA Constitution: Article 5A & 5B)

Board of Directors (Other than the Chapter Officers)

Name: _____ Membership No: _____

Name: _____ Membership No: _____

Name: _____ Membership No: _____

Name: _____ Membership No: _____

Name: _____ Membership No: _____

Name: _____ Membership No: _____

STATE DELEGATES

Name: _____ Membership No: _____

Name: _____ Membership No: _____

Name: _____ Membership No: _____

Name: _____ Membership No: _____

NOMINATING COMMITTEE

Name: _____ Membership No: _____

Name: _____ Membership No: _____

Name: _____ Membership No: _____

**** Please attach a separate sheet listing any special or ad hoc committees within your chapter****

CERTIFICATION

As the official representative of chapter number _____ in the State of _____, I certify that this election was conducted in accordance with the VVA Constitution and this chapter's by-laws and to the best of my knowledge, the information submitted is accurate.

Certifying Officer Title Date

Signature of Certifying Officer