

## **VVA STATE COUNCIL ELECTIONS REPORT**

Complete and forward this form (or a facsimile) to:

**Vietnam Veterans of America Attn: Membership Affairs** 8719 Colesville Road, Suite 100 Silver Spring, MD 20910

City: State: Zip: Phone:  E-mail Addr: @ Web Site:  State Council contact information authorized for public viewing on the VVA Chapter Locator web page  Membership Contact: Mem#  Addr: State: Zip: Phone: B-mail addr: @		Telephone (	(301)585-4000, Fax	(301) 5	85-3019		
The State Council shall submit the election results to the National Membership Department no later than  15 of the year in which the election takes place.  (As required by National Constitution)  State:  Contact Person:  City:  Phone:  E-mail Addr:  Web Site:  State Council contact information authorized for public viewing on the VVA Chapter Locator web page  Membership Contact:  Addr:  City:  State:  Mem#  Addr:  City:  Phone:  E-mail addr:  City:  Phone:  City:  Phone:  E-mail addr:  City:  Phone:  Addr:  City:  Phone:  E-mail addr:  City:  Phone:  E-mail addr:  City:  Phone:  E-mail addr:  City:  Phone:  E-mail addr:  City:  Phone:  Addr:  City:  Phone:  B-mail addr:  City:  Phone:  B-mail addr:  City:  Phone:  B-mail addr:  City:  C		Election	for: 20 to 20	ye	ear(s)		
15 of the year in which the election takes place.  (As required by National Constitution)  State:		Date of	Election:				
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Revised 02/15/2013

## **CERTIFICATION**

As the official representative of state council in the state of	
I certify that this election was conducted in accordance with the Vietna	am Veterans of America
(VVA) Constitution and this state council's by-laws to the best of my kr	nowledge, the
information submitted is accurate.	
Certifying Officer:	
Title: Date:	
Signature of Certifying Officer:	

