



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
Telephone (301)585-4000, Fax (301) 585-3019

Election for: 20__ to 20__ year(s)

Date of Election: _____

The State Council shall submit the election results to the National Membership Department no later than July 15 of the year in which the election takes place.

(As required by National Constitution)

State: _____

Contact Person: _____ Title: _____

Official State Council Address: _____

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: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail addr: _____@_____

POSITION

Name , VVA Membership Number, Address:

President :

_____ Mem# _____
Addr: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail addr: _____ @ _____

Vice President 1:

_____ Mem# _____
Addr: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail addr: _____ @ _____

Vice President 2:

_____ Mem# _____
Addr: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail addr: _____ @ _____

Secretary:

_____ Mem# _____
Addr: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail addr: _____ @ _____

Treasurer:

_____ Mem# _____
Addr: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail addr: _____ @ _____

CERTIFICATION

As the official representative of state council in the state of _____,
I certify that this election was conducted in accordance with the Vietnam Veterans of America
(VVA) Constitution and this state council's by-laws to the best of my knowledge, the
information submitted is accurate.

Certifying Officer: _____

Title: _____ Date: _____

Signature of Certifying Officer: _____

