



# VVA CHAPTER ELECTION REPORT

Complete and forward this form (or a facsimile) to:  
Vietnam Veterans of America, ATTN: Membership Affairs  
8605 Cameron St., Suite 400, Silver Springs, MD 20910  
Telephone (301)585-4000, Fax (301)585-3019

**Election for 20\_\_\_\_ - 20\_\_\_\_ (year)**

**Date of Election \_\_\_\_\_**

Chapter Number: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Official Chapter Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chapter Phone: (\_\_\_\_) \_\_\_\_\_

Chapter Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

**Position      Name & VVA Member #**

President \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_@\_\_\_\_\_

Vice President 1 \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_@\_\_\_\_\_

Vice President 2 \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_@\_\_\_\_\_

**Position**      **Name & VVA Member #**

Secretary      \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Treasurer      \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

**Membership Contact:**

\_\_\_\_\_

\_\_\_\_\_

Phone: (      ) \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Chapter Meeting information: (please provide meeting location, day of month, time)

\_\_\_\_\_

\_\_\_\_\_

**Position**

**Name & VVA Member #**

**Address**

Board of Directors      \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

<u>Position</u>	<u>Name &amp; VVA Member #</u>	<u>Address</u>
AVVA Rep	_____	_____ E-mail: _____@_____
State Delegates	_____	_____ E-mail: _____@_____
	_____	_____ E-mail: _____@_____
	_____	_____ E-mail: _____@_____
	_____	_____ E-mail: _____@_____
Convention Delegates	_____	_____ E-mail: _____@_____
	_____	_____ E-mail: _____@_____
	_____	_____ E-mail: _____@_____
	_____	_____ E-mail: _____@_____

**STANDING COMMITTEES:** (As Required by National Constitution)

	<u>Name &amp; VVA Member #</u>	<u>Address</u>
Community Service	_____	_____ E-mail: _____@_____
Constitution	_____	_____ E-mail: _____@_____
ETABO	_____	_____ E-mail: _____@_____
Finance	_____	_____ E-mail: _____@_____
Government Affairs	_____	_____ E-mail: _____@_____
Minority Affairs	_____	_____ E-mail: _____@_____

**STANDING COMMITTEES (CONT.):** (As Required by National Constitution)

	<b><u>Name &amp; VVA Member #</u></b>	<b><u>Address</u></b>
Nominating	_____	_____ E-mail: _____ @ _____
Public Affairs	_____	_____ E-mail: _____ @ _____
Veterans Affairs	_____	_____ E-mail: _____ @ _____
Veterans Benefits	_____	_____ E-mail: _____ @ _____
Women Veterans	_____	_____ E-mail: _____ @ _____

**\*\*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 elections held in April were legal and to the best of my knowledge, the information submitted is accurate.

_____	_____	_____
Certifying Officer	Title	Date