



VVA STATE COUNCIL 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 _____

State: _____

Contact Person: _____ Title: _____

Phone: (____) _____

E-mail: _____@_____

Website: _____

Official State Address: _____

State Fax Number: (____) _____

<u>Position</u>	<u>Name & VVA Member #</u>	<u>Address</u>	<u>Phone/E-Mail</u>
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: _____ @ _____

Position

Name & VVA Member #

Address

Board of Directors _____

E-mail: _____ @ _____

E-mail: _____ @ _____

E-mail: _____ @ _____

E-mail: _____ @ _____

E-mail: _____ @ _____

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

STANDING COMMITTEES: (As Required by National Constitution)

	<u>NAME & Member #</u>	<u>ADDRESS</u>
Constitution	_____	_____
		E-mail: _____ @ _____
ETABO	_____	_____
		E-mail: _____ @ _____
Finance	_____	_____
		E-mail: _____ @ _____
Government Affairs	_____	_____
		E-mail: _____ @ _____
Minority Affairs	_____	_____
		E-mail: _____ @ _____
Nominating	_____	_____

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

	<u>NAME & Member #</u>	<u>ADDRESS</u>
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 state.**

CERTIFICATION

As the official representative of Vietnam Veterans of America, Inc., _____ State Council, I certify that elections held in June were legal and to the best of my knowledge, the information submitted is accurate.

_____	_____	_____
Certifying Officer	Title	Date