



VVA ELECTION REPORT

Complete and mail or e-mail to:

VIETNAM VETERANS OF AMERICA
ATTENTION: Membership Department
8719 Colesville Rd. Suite 100
Silver Spring, MD 20910
(301) 585-4000 Phone
membership@vva.org

The State Council and the Chapter shall submit election results to the **National Membership Department** no later than **July 15th** of the year in which the election takes place. (VVA Constitution: Article II: Section 13 and Article III: Section 9)

Election term: 20 ____ - 20 ____ Date of Election _____

State Council of: _____

Chapter: _____ in the state of: _____ Term: 1 yr 2 yrs

INFORMATON

Official Mailing Address: _____

City: _____ ST: _____ Zip: _____ - _____

Phone : _____ Website: _____

ELECTION RESULTS

President: Name: _____ Membership #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ E-Mail: _____

1st Vice President: Name: _____ Membership #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ E-Mail: _____

2nd Vice

President:
(optional)

Name: _____ Membership #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ E-Mail: _____

Secretary:

Name: _____ Membership #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ E-Mail: _____

Treasurer:

Name: _____ Membership #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ E-Mail: _____

CERTIFICATION

As the official representative, I certify, to the best of my knowledge, that this election was conducted in accordance with the Vietnam Veterans of America Constitution and the current bylaws.

Certifying Officer: _____ Title: _____

Signature: _____ Date: _____

SECTION FOR STATE COUNCIL ONLY

INFORMATION AUTHORIZED FOR PUBLIC VIEWING ON THE CHAPTER LOCATOR WEBPAGE

Membership Contact: _____ Title: _____

Address: _____

City: _____ ST: _____ Zip: _____ - _____

Email: _____ Phone: _____

SECTION FOR CHAPTER ONLY

Each Chapter shall submit election results to the (1) **State Council** and the (2) **National Membership Department** no later than **July 15th** of the year in which the election takes place. (VVA Constitution: Article III: Section 9)

Send pages 1 & 2 to National; Send pages 1, 2, & 3 to State Council

The Board of Directors, inclusive of the Officers, shall consist of not less than three (3) nor more than twenty (20); the exact number shall be determined by the chapter. (Refer to VVA Constitution: Article III: Section 5 A for full details)

Board of Directors: (excluding officers)

Name:	_____	Membership #:	_____
Name:	_____	Membership #:	_____
Name:	_____	Membership #:	_____
Name:	_____	Membership #:	_____
Name:	_____	Membership #:	_____

PLEASE ATTACHED A SEPARATE SHEET IF NEEDED TO LIST ALL BOARD MEMBERS

Delegate(s) to State:

		Email
Name: _____	Membership #: _____	_____
Name: _____	Membership #: _____	_____
Name: _____	Membership #: _____	_____
Name: _____	Membership #: _____	_____

PLEASE ATTACHED A SEPARATE SHEET IF NEEDED TO LIST ALL DELEGATES

Meeting Information:

Location: _____

Address: _____

Day of Month: _____ Time: _____

Membership Chair: _____ Phone: _____

Email: _____