



VVA CHAPTER ELECTION REPORT

Complete and forward this form (or facsimile) to:

VIETNAM VETERANS OF AMERICA
ATTENTION: Membership Department
8719 Colesville Rd. Suite 100
Silver Spring, MD 20910
(301) 585-4000 Phone • (301) 585-3019 Fax

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)

Election for: 20 ____ - 20 ____

Election term: 1yr ☐

2yrs ☐

CHAPTER INFORMATION

Chapter Number: _____ Chapter Name: _____

Official Address: _____

City: _____ ST: _____ Zip: _____ - _____

Chapter Phone: _____ Chapter Fax: _____

Chapter E-Mail: _____ Chapter 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:

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: _____

Membership

Chair:

Name: _____ Membership #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ E-Mail: _____

The Board of Directors shall consist of not less than five (5) nor more than twenty (20), to include the President, Vice President, Secretary, Treasurer and two (2) Directors of any other Officer/Director combination.

(VVA Constitution: Article III: Section 5 A & B)

Board of Directors:

(excluding officers)

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____



State Delegate(s):

		Delegate	Alternate
Name: _____	Membership #: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Membership #: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Membership #: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Membership #: _____	<input type="checkbox"/>	<input type="checkbox"/>

****ATTACH AN ADDITIONAL SHEET IF NEEDED FOR A COMPLETE LIST****

**Nominating
Committee:**

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

****PLEASE ATTACHED A SEPARATE SHEET LISTING ANY SPECIAL OR AD HOC COMMITTEES WITHIN YOUR CHAPTER****

**Meeting
Information:**

Location: _____

Address: _____

Day of Month: _____ Time: _____

CERTIFICATION

I certify, to the best of my knowledge, that the information submitted is accurate and that this election was conducted in accordance with the VVA Constitution and the Chapter's bylaws.

Certifying Officer: _____ Title: _____

Signature: _____ Date: _____