



Date: \_\_\_\_\_

## VVA CHAPTER ELECTION REPORT

Complete and forward this form (of facsimile) to:

**Vietnam Veterans of America**  
**Attn: Membership Affairs**  
**8719 Colesville Road, Suite 100**  
**Silver Spring, MD 20910**  
**Phone: 301-585-4000 - Fax: 301-585-3019**

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

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

The Chapter shall submit the election results to both the State Council and National Membership Department not later than July 15 of the year in which the elections take place.

(As Required by VVA Constitution: Article III, Section 9)

### Chapter Contact Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Chapter Fax: (if applicable) \_\_\_\_\_

Chapter e-mail Address: \_\_\_\_\_

Chapter Web-Site: (if applicable) \_\_\_\_\_

1<sup>st</sup> Contact Person:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>st</sup> Contact Person: (if applicable)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_



POSITION

**President** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Vice President 1** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Vice President 2** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Secretary** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



**POSITION**

**Treasurer** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Secretary/  
Treasurer** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Membership  
Contact** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Chapter Meeting information: Please provide meeting location, day of month, time.

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The membership of the Board of Directors shall consist of not less than five (5) nor more than twenty (20), to include minimum of Five (5): President, Vice President, Secretary/Treasurer and two (2) Directors or any other Officer/director combination up to twenty (20). (as required by VVA Constitution: Article 5A & 5B)

**Board of Directors** (Other than the Chapter Officers)

Name: _____	Membership No: _____
Name: _____	Membership No: _____
Name: _____	Membership No: _____
Name: _____	Membership No: _____
Name: _____	Membership No: _____
Name: _____	Membership No: _____

**STATE DELEGATES**

Name: _____	Membership No: _____
Name: _____	Membership No: _____
Name: _____	Membership No: _____
Name: _____	Membership No: _____

**NOMINATING COMMITTEE**

Name: _____	Membership No: _____
Name: _____	Membership No: _____
Name: _____	Membership No: _____

**STANDING COMMITTEES**

**Community Service** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Constitution** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_



**Economic**

**Opportunities** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Finance** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Government**

**Affairs** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Membership** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Minority**

**Affairs** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Public Affairs** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Veterans**

**Affairs** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Veterans**

**Benefits** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Woman**

**Veterans** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**POW/MIA** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Agent Orange/Dioxon** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Veterans Incarcerated** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**Veterans Health Care** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

**\*\* 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 this election was conducted in accordance with the VVA Constitution and this chapter's by-laws and to the best of my knowledge, the information submitted is accurate.

\_\_\_\_\_  
Certifying Officer Title Date

\_\_\_\_\_  
Signature of Certifying Officer



## VVA Election Report Change of Information Form

Chapter Number: \_\_\_\_\_ State Council: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Chapter Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web-Site Address: \_\_\_\_\_

### NEW POSTIONS:

**President:** Name: \_\_\_\_\_ Member No: \_\_\_\_\_

**Vice President 1:** Name: \_\_\_\_\_ Member No: \_\_\_\_\_

**Vice President 2:** Name: \_\_\_\_\_ Member No: \_\_\_\_\_

**Secretary:** Name: \_\_\_\_\_ Member No: \_\_\_\_\_

**Treasurer:** Name: \_\_\_\_\_ Member No: \_\_\_\_\_

**Secretary/  
Treasurer:** Name: \_\_\_\_\_ Member No: \_\_\_\_\_

**Membership  
Contact:** Name: \_\_\_\_\_ Member No: \_\_\_\_\_