



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)

Chapter Number: _____ Chapter Name: _____

Contact Person: _____ Title: _____

Official Chapter Address: _____

City: _____ State: _____ Zip: _____

Chapter Phone: _____

Chapter Fax: _____

E-mail Address: _____



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.



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 National Constitution)

Board of Directors

President Name: _____ Membership No: _____

Vice President 1 Name: _____ Membership No: _____

Vice President 2 Name: _____ Membership No: _____

Secretary Name: _____ Membership No: _____

Treasurer Name: _____ Membership No: _____

**Secretary/
Treasurer** Name: _____ Membership No: _____

**Board of
Directors** 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: _____



STANDING COMMITTEES

Community Service

Name: _____ Membership No: _____

Constitution Name: _____ Membership No: _____

ETABO Name: _____ Membership No: _____

Finance Name: _____ Membership No: _____

Government Affairs Name: _____ Membership No: _____

Membership Name: _____ Membership No: _____

Minority Affairs Name: _____ Membership No: _____

Nominating Committee Name: _____ Membership No: _____

Name: _____ Membership No: _____

Name: _____ Membership No: _____

Public Affairs Name: _____ Membership No: _____

Veterans Affairs Name: _____ Membership No: _____

Veterans Benefits Name: _____ Membership No: _____

Woman Veterans 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



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: _____

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: _____

