



## VVA STATE COUNCIL ELECTIONS REPORT

Complete and forward this form (or a facsimile) to:

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

Election for: 20\_\_ to 20\_\_ year(s)

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

The State Council shall submit the election results to the National Membership Department no later than July 15 of the year in which the election takes place.

(As required by the Vietnam Veterans of America National Constitution)

State: \_\_\_\_\_

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

Official State Council Address: \_\_\_\_\_

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

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

E-mail Addr: \_\_\_\_\_ @ \_\_\_\_\_

Web Site: \_\_\_\_\_

**State Council contact information authorized for public viewing on the VVA Chapter Locator web page:**

**Membership Contact :** \_\_\_\_\_ Mem# \_\_\_\_\_

Addr: \_\_\_\_\_

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

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

E-mail addr: \_\_\_\_\_ @ \_\_\_\_\_

POSITION

Name , VVA Membership Number, Address:

**President :**

\_\_\_\_\_ Mem# \_\_\_\_\_  
Addr: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail addr: \_\_\_\_\_ @ \_\_\_\_\_

**Vice President 1:**

\_\_\_\_\_ Mem# \_\_\_\_\_  
Addr: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail addr: \_\_\_\_\_ @ \_\_\_\_\_

**Vice President 2:**

\_\_\_\_\_ Mem# \_\_\_\_\_  
Addr: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail addr: \_\_\_\_\_ @ \_\_\_\_\_

**Secretary:**

\_\_\_\_\_ Mem# \_\_\_\_\_  
Addr: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail addr: \_\_\_\_\_ @ \_\_\_\_\_

**Treasurer:**

\_\_\_\_\_ Mem# \_\_\_\_\_  
Addr: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail addr: \_\_\_\_\_ @ \_\_\_\_\_

Standing Committees

Name, VVA Membership Number

Community Service: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

Constitution: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

ETABO: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

Finance: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

Government Affairs: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

Membership: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

Minority Affairs: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

Public Affairs : \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

Veterans Affairs: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

Veterans Benefits: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

Woman Veterans: \_\_\_\_\_ Mem.# \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

**\*\*\*Please attach a separate sheet listing any special or ad hoc committees within your state\*\*\***

# CERTIFICATION

As the official representative of state council in the state of \_\_\_\_\_,  
I certify that this election was conducted in accordance with the Vietnam Veterans of America  
(VVA) Constitution and this state council's by-laws to the best of my knowledge, the  
information submitted is accurate.

Certifying Officer: \_\_\_\_\_

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

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

