



Vietnam Veterans of America, Inc

Election Report

General Information

Election Term: _____ Date of Election: _____
20XX – 20XX MM/DD/YYYY

Term: 1-year 2-year

State Council or Chapter Information: State Council Chapter

If State Council, please specify: _____

If Chapter, please specify
Chapter Number: _____ State: _____

Official Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

Election Results - President

Name: _____ Membership #: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

Election Results – 1st Vice President

Name: _____ Membership #: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

Election Results – 2nd Vice President (optional)

Name: _____ Membership #: _____

Address: _____
City/State/Zip: _____
Phone #: _____ Email: _____

Election Results - Secretary

Name: _____ Membership #: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Email: _____

Election Results - Treasurer

Name: _____ Membership #: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Email: _____

Certification

Certifying Officer: _____
Title: _____ Date: _____
MM/DD/YYYY

Section for State Council Only
Information authorized for public viewing on the Contacts webpage

Member Contact: _____ Title: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Email: _____

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 15 of the year in which the election takes place. (WA Constitution: Article Section 9)
Send pages 1 & 2 to National; Send pages 1 - 3 to State Council

Board of Directors (excluding officers)

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

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Name: _____ Membership #: _____

Please attach a separate sheet if needed to list all board members

Delegate(s) to State

Name: _____ Membership #: _____ Email: _____

Name: _____ Membership #: _____ Email: _____

Name: _____ Membership #: _____ Email: _____

Name: _____ Membership #: _____ Email: _____

Name: _____ Membership #: _____ Email: _____

Name: _____ Membership #: _____ Email: _____

Name: _____ Membership #: _____ Email: _____

Please attach a separate sheet if needed to list all delegates