

**Vietnam veterans of America – Buckeye State Council  
Alternate Delegate Form**

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

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

Hereby authorizes: \_\_\_\_\_ *(Member Name)*

Membership Number: \_\_\_\_\_

To delegate voting privileges for: \_\_\_\_\_ *(Member Name)*

Membership Number: \_\_\_\_\_

**Requires Two Signatures**

Name of Chapter Officer: \_\_\_\_\_

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

Name of Chapter Officer: \_\_\_\_\_

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

Directions: Fill in the form on your computer, download/save to your computer and email it to [vvaohio@gmail.com](mailto:vvaohio@gmail.com) or print and send by U.S. mail to:

Buckeye State Council  
35 E. Chestnut Street  
5th Floor Suite 501  
Columbus, Ohio 43215  
Questions: 614-228-0188