



VVA CHAPTER ELECTION REPORT

Complete and forward this form (or a facsimile) to:
Vietnam Veterans of America, ATTN: Membership Affairs
8605 Cameron St., Suite 400, Silver Spring, MD 20910
Telephone (301)585-4000, Fax (301)585-0519

Election for 20____ - 20 ____ (year)

Date of Election _____

The Chapter shall submit the election results and a report of committee chairpersons, if appointed, to both the State Council and National Membership Department not later than sixty (60) days after the Chapter elections.
(As Required by National Constitution)

Chapter Number: _____ Chapter Name: _____

Chapter Phone: _____ Chapter Fax: _____

Chapter Email: _____

Chapter Web Site: _____

Primary Chapter Contact

Secondary Chapter Contact

Name: _____ Name: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

Chapter Address _____

City _____ State ____ Zip _____

Note: This is the chapter's mailing address for official correspondence, The VVA Veteran, dues rebates, and household goods program distributions.

Chapter contact information authorized for public viewing on the VVA Chapter Locator web page

Phone: _____

Email: _____

Note: This information is optional, but highly encouraged to enable potential members to contact your chapter.

Membership Contact

Name: _____

VVA Membership No. _____

Phone: _____

Address: _____

City _____ State ____ Zip _____

Note: Fill in this address only if you want the membership rosters sent directly to the membership contact. Otherwise, they will be mailed to the chapter address above.

Nominating	_____	_____
Public Affairs	_____	_____
Veterans Affairs	_____	_____
Veterans Benefits	_____	_____
Women Veterans	_____	_____

Chapter Meeting information (please provide meeting location, day of month, time)

****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