



# VVA ELECTION REPORT

Complete and mail or e-mail to:

**Vietnam Veterans Of America  
"Buckeye State Council"  
35 East Chestnut Street - Suite 501  
Columbus, Ohio 43215**

E-Mail To : [vvabsc@yahoo.com](mailto:vvabsc@yahoo.com)

Call : 614. 228. 0188

The State Council and the Chapter shall submit election results to the **National Membership Department** no later than **July 15<sup>th</sup>** of the year in which the election takes place. (VVA Constitution: Article II: Section 13 and Article III: Section 9)

Election term: 20 \_\_\_\_ - 20 \_\_\_\_ Date of Election \_\_\_\_\_

State Council of: \_\_\_\_\_

Chapter: \_\_\_\_\_ in the state of: \_\_\_\_\_ Term:  1 yr  2 yrs

## INFORMATON

Official Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

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

## ELECTION RESULTS

**President:** Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**1<sup>st</sup> Vice President:** Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2<sup>nd</sup> Vice**

**President:**  
(optional)

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Secretary:**

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Treasurer:**

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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**CERTIFICATION**

**As the official representative, I certify, to the best of my knowledge, that this election was conducted in accordance with the Vietnam Veterans of America Constitution and the current bylaws.**

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

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

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**SECTION FOR STATE COUNCIL ONLY**

**INFORMATION AUTHORIZED FOR PUBLIC VIEWING ON THE CHAPTER LOCATOR WEBPAGE**

Membership Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

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

## 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 15th** of the year in which the election takes place. (WA Constitution: Article Section 9)

**Send pages 1 & 2 to National; Send pages 1, 2, & 3 to State Council**

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

**Board of Directors:** Name: \_\_\_\_\_ Membership #: \_\_\_\_\_  
(excluding officers)

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

\*\*PLEASE ATTACHED A SEPARATE SHEET IF NEEDED TO LIST ALL BOARD MEMBERS\*\*

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**Delegate(s) to State:**

Email

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

\*\*PLEASE ATTACHED A SEPARATE SHEET IF NEEDED TO LIST ALL DELEGATES\*\*

**Alternate Delegate(s) to State:**

Email

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

**Meeting Information:**

Location: \_\_\_\_\_

Address: \_\_\_\_\_

Day Of Month \_\_\_\_\_ Time: \_\_\_\_\_

**Membership Chair.** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_