VVA ELECTION REPORT FORM

Complete and mail or e-mail to:

VIETNAM VETERANS OF AMERICA
ATTENTION: Membership Department
8719 Colesville Rd. Suite 100
Silver Spring, MD 20910
Email: reports@vva.org Fax: 301-585-3019

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

Election Term:
20 _____ - 20 _____

Term:
1-yr ☐ 2-yr ☐

Date of Election:
_____

State Council of:
_____

Chapter: _____
state of: _____

CHAPTER INFORMATION

Chapter's Official Mailing Address. This information will be published on the VVA website for public view/contact. The name/ph/email will serve as the point of contact for the chapter to receive all National correspondence and notifications.

Official Mailing Address: _____

City: _____ ST: _____ Zip: _____ - _____

Chapter Phone : _____ Chapter web site: _____

Chapter Email/Contact Email: _____

Name: _____ (Membership Chair; not displayed on website)

ROSTER ACCESS

Receive monthly roster for chapter. Only one designated officer of the chapter can received. To revise permissions, will need to complete Roster Access Form. Roster Access defaults to President of chapter if not indicated otherwise.

Name: _____ Membership ID #: _____

Title: ☐ President ☐ Vice President ☐ Treasurer ☐ Secretary ☐ Membership Chair

Email: _____

Receive roster by **(select one)**: ☐ Email **--OR--** ☐ Log-in
(Link will be forward in separate email)

Internal Use Only (date/initial):

Received	Processed	Scan	Web
E / M / F			

Revised: 03/01/24

VVA ELECTION REPORT

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. **(VVA Constitution: Article III: Section 9)**

Election Term:
20 _____ - 20 _____

Term:
1-yr ☐ 2-yr ☐

Date of Election:
_____

State Council of:
_____

Chapter: _____
state of: _____

ELECTION RESULTS:

PRESIDENT: Name:_____ Membership #: _____
*Cannot hold dual role as Treasurer
Address:_____
City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____

1ST VICE PRESIDENT: Name: _____ Membership #: _____
*Can hold dual role of Treasurer
Address:_____
City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____

2ND VICE PRESIDENT: Name:_____ Membership #: _____
Address:_____
City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____

SECRETARY: Name: _____ Membership #: _____
*Can hold dual role of Treasurer
Address:_____
City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____

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

SAVE & Email to reports@vva.org

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E / M / F			

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