



Associates of Vietnam Veterans of America, Inc.

Election Results Form for State, Affiliated Chapter,
or At- Large Representative

State : _____

Check the office that pertains to the election being reported:

Affiliated State Representative: Affiliated Chapter Representative:

At-Large Representative: Chapter # _____

Elected Representative's Name: _____

Membership Number: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-Mail: _____

Term of Office:

Election Date: _____ 1 Year _____ 2 Years _____

**Appointed Person
Who Ran the Election:**
(Printed Name) _____

AVVA Membership Number: _____

Signature: _____

Date: _____

Elections Chair, please mail this completed form and sign-in sheet(s) to:

States:

- To the AVVA Regional Director no later than thirty (30) days after the election.

Chapters:

- To the AVVA State Associate Representative or State President no later than thirty (30) days after the election.

The above information will be used to communicate AVVA business to the newly elected official so that he/she can share that information with the AVVA members associated with their level of the organization. If there are ever any changes to the contact information above, after this form has been filed, that change must immediately be reported to the appropriate next level official, i.e., Regional Director or State Representative/President.