



Associates of Vietnam Veterans of America, Inc.

Incorporated State or Chapter Elections

Check the box that pertains to the election being reported:

Incorporated State : _____
(state) Incorporated Chapter : # _____

Elected President: _____ **Membership #:** _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Fax:** _____

E-Mail: _____

Elected Vice Pres: _____ **Membership #:** _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Fax:** _____

E-Mail: _____

Elected Secretary: _____ **Membership #:** _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Fax:** _____

E-Mail: _____

Elected Treasurer: _____ **Membership #:** _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Fax:** _____

E-Mail: _____



Associates of Vietnam Veterans of America, Inc.
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Reporting Data:

Election Date: _____

Term of office: 1 Year 2 Years

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

AVVA Membership #: _____

Signature: _____

Date: _____

Elections Chair, please mail this completed form, all ballots, tally sheets, and sign-in sheets to:

States:

- To the AVVA Regional Director no later than forty-five (45) days after the election.

Chapters:

- To the AVVA State Associate Representative or State President no later than forty-five (45) 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.