



## ***Associates of Vietnam Veterans of America, Inc.***

### ***State AVVA Voting Delegate Registration Form***

***Please print legibly***

I, \_\_\_\_\_, am a member in good standing of the Associates of Vietnam Veterans of America, Inc. Associated with VVA Chapter # \_\_\_\_\_, and do not have outstanding disciplinary actions pending. I have been selected to represent that group by casting their one (1) vote in the AVVA State Election for the AVVA State Representative for the State of \_\_\_\_\_.

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

If you have any questions regarding the Nominating / Election Procedure, please contact:  
(State Election Chair's Name and Telephone Number)

Please return this form to:  
(State Election Chair's Name and Address)