



Associates of Vietnam Veterans of America, Inc.
**Election Results Form for State, Affiliated Chapter,
or Incorporated Chapter Elections**

State: _____

Check the office that pertains to the election being reported:

Incorporated State President:

Affiliated Chapter Representative:

Affiliated State Representative:

Chapter Number: _____

At-Large Representative:

Newly Elected Official's:

Name: _____ Membership Number: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-Mail Address: _____

Election Date: _____ Term of Office: 1 Year 2 Years

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

AVVA Membership Number: _____

Signature: _____ Date: _____

Elections Chair, please mail this completed form, all ballots and tally 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...

Converted to WORD Format 06/08
Amended and Adopted ~ February, 2009
Amended and Adopted ~ December, 2009
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