



ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.

**INCORPORATED STATE OR
CHAPTER ELECTIONS RESULTS**

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: _____

