

ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.

UNINCORPORATED STATE OR CHAPTER BALLOT

DATE OF ELECTION:
PLEASE CHECK THE BOX NEXT TO THE ELECTION IN WHICH YOU ARE PARTICIPATING:
Voting for State Representative In the State of:
Voting for Chapter Representative For Chapter #:
LIST OF CANDIDATES FOR THE ABOVE OFFICE:
YOU MAY NOT CHOOSE MORE THAN ONE PERSON FROM THE ABOVE LIST.
Please write in the name of the candidate you wish to cast your vote for:
I cast my vote for:
(Name of Candidate)

Revised: 10/19 F-Ele05.04