



VETERANS OF FOREIGN WARS

20__ - __ DISTRICT ELECTION REPORT



PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

DISTRICT #	DEPARTMENT OF:	DATE OF ELECTION
DISTRICT INFORMATION		
IS THE DISTRICT INCORPORATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		FEDERAL EMPLOYER IDENTIFICATION # (EIN)
DISTRICT WEBSITE:	DISTRICT EMAIL:	
DISTRICT COMMANDER		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE # ()
CITY	STATE	ZIP + 4 EMAIL:
DISTRICT SENIOR VICE COMMANDER		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE # ()
CITY	STATE	ZIP + 4 EMAIL:
DISTRICT JUNIOR VICE COMMANDER		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE # ()
CITY	STATE	ZIP + 4 EMAIL:
DISTRICT QUARTERMASTER		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE # ()
CITY	STATE	ZIP + 4 EMAIL:
DISTRICT ADJUTANT		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE # ()
CITY	STATE	ZIP + 4 EMAIL:
DISTRICT CHAPLAIN		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE # ()
CITY	STATE	ZIP + 4 EMAIL:
DISTRICT INSPECTOR		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE # ()
CITY	STATE	ZIP + 4 EMAIL:

INSTRUCTIONS

• TO BE FILLED OUT DURING OR IMMEDIATELY FOLLOWING THE DISTRICT CONVENTION

• KEEP A COPY FOR YOUR DISTRICT RECORDS

• SEND A COPY TO YOUR DEPARTMENT HEADQUARTERS

• SEND A COPY TO NATIONAL HEADQUARTERS

VFW NATIONAL HQ.
406 W. 34TH STREET
KANSAS CITY, MO 64111
OR

FAX: 816-968-1149

VETERANS OF FOREIGN WARS
20__ - __ DISTRICT ELECTION REPORT Continued

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

DISTRICT #	DEPARTMENT OF:
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DISTRICT JUDGE ADVOCATE

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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DISTRICT SURGEON

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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DISTRICT TRUSTEE 1 YEAR

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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DISTRICT TRUSTEE 2 YEAR

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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DISTRICT TRUSTEE 3 YEAR

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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DISTRICT SERVICE OFFICER

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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DISTRICT _____

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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DISTRICT _____

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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DISTRICT _____

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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DISTRICT _____

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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DISTRICT _____

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # ()
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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VETERANS OF FOREIGN WARS
20__ - __ DISTRICT ELECTION REPORT Continued

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DISTRICT _____			
NAME _____	MEMBERSHIP NUMBER _____	POST # _____	HOME PHONE # ()
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DISTRICT _____			
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DISTRICT _____			
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DISTRICT _____			
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DISTRICT _____			
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DISTRICT _____			
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DISTRICT _____			
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