VETERANS OF FOREIGN WARS OF THE UNITED STATES

ELECTION REPORT **COUNTY COUNCIL**

***Immediately After Election: Mail this form to* VFW Dept of New York, 1044 Broadway, Albany, NY 12204.**

Please PRINT CLEARLY or TYPE all information

County Council Name:	**District #**	**Dept. of:**	**Date of Election**

OFFICE / COMMITTEE NAME	**Post #**	**ADDRESS**	**Fax # E-Mail**	**Cap Size**	**Phone #'s**
Commander			Fax /E-Mail		Home ( ) Bus. ( )
Sr Vice Commander			Fax /E-Mail		Home ( ) Bus. ( )
Jr Vice Commander			Fax /E-Mail		Home ( ) Bus. ( )
Quartermaster			Fax /E-Mail		Home ( ) Bus. ( )
Adjutant			Fax /E-Mail		Home ( ) Bus. ( )
Inspector			Fax /E-Mail		Home ( ) Bus. ( )
Service Officer			Fax /E-Mail		Home ( ) Bus. ( )
Citizenship Education, Americanism Chair			Fax /E-Mail		Home ( ) Bus. ( )
Buddy Poppy			Fax /E-Mail		Home ( ) Bus. ( )
Community Service			Fax /E-Mail		Home ( ) Bus. ( )
Membership			Fax /E-Mail		Home ( ) Bus. ( )
Safety			Fax /E-Mail		Home ( ) Bus. ( )
Voice of Democracy			Fax /E-Mail		Home ( ) Bus. ( )
Youth Activities			Fax /E-Mail		Home ( ) Bus. ( )