



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

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

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

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

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

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

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

DISTRICT _____			
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VETERANS OF FOREIGN WARS
20 - **DISTRICT ELECTION REPORT Continued**
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