



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?		YES	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
OR

VETERANS OF FOREIGN WARS			
20__ - __ DISTRICT ELECTION REPORT Continued			
PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION			
DISTRICT #		DEPARTMENT OF:	
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 _____			
NAME		MEMBERSHIP NUMBER	POST # HOME PHONE #
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)		EMAIL:	
DISTRICT _____			
NAME		MEMBERSHIP NUMBER	POST # HOME PHONE #
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)		EMAIL:	
DISTRICT _____			
NAME		MEMBERSHIP NUMBER	POST # HOME PHONE #
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)		EMAIL:	
DISTRICT _____			
NAME		MEMBERSHIP NUMBER	POST # HOME PHONE #
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)		EMAIL:	

VETERANS OF FOREIGN WAR 20__ - __ DISTRICT ELECTION REPORT Continued <i>PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION</i>
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