

20

## VETERANS OF FOREIGN WARS -\_\_\_\_ DISTRICT ELECTION REPORT

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

DISTRICT #	DEPARTMENT OF:					DATE OF ELECTION
IS THE DISTRICT INCORPORATED?		RICT INFOR	NO	FEDERAL	EMPLOYER IDENTIFICATION # (EIN)	
			-			_
		DISTRICTEN				
DISTRICT COMMANDER		ŀ				
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	#	_
СПҮ	STATE ZIP + 4		EMAIL:			
DISTRICT SENIOR VICE COMMANDER						-
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	
				HOME PHONE		_
MAILING ADDRESS (STREET or P.O. BOX #)					#	
СІТҮ	STATE	ZIP+ 4		EMAIL:		-
DISTRICT JUNIOR VICE COMMANDER			POST #	CAP SIZE	MEMBERSHIP NUMBER	-
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	#	
СІТҮ	STATE	ZIP + 4		EMAIL:		INCTRUCTIONS
						INSTRUCTIONS
DISTRICT QUARTERMASTER			POST #	CAP SIZE	MEMBERSHIP NUMBER	•TO BE FILLED OUT DURING OR IMMEDIATELY
			1001#			FOLLOWING THE
MAILING ADDRESS (STREET or P.O. BOX #)			-	HOME PHONE	#	DISTRICT CONVENTION
СІТҮ	STATE	ZIP + 4		EMAIL:		-
						• KEEP A COPY FOR YOUR
			D007 #	CAP SIZE		DISTRICT RECORDS
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	#	• SEND A COPY TO YOUR
СІТҮ	STATE ZIP + 4			EMAIL:		DEPARTMENT HEADQUARTERS
DISTRICT CHAPLAIN						• SEND A COPY TO
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	NATIONAL HEADQUARTERS
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	#	VFW NATIONAL HQ.
CITY STATE ZIP + 4			EMAIL:		406 W. 34TH STREET KANSAS CITY, MO 64111	
						OR
DISTRICT INSPECTOR						FAX: 816-968-1149
NAME F			POST #	CAP SIZE	MEMBERSHIP NUMBER	OR
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	<b> </b> #	
СІТҮ	STATE	ZIP + 4		EMAIL:		

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

VETERANS OF FOREIGN WARS						
20 DISTRICT ELECTION REPORT Continued PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION						
DISTRICT #	DEPARTMENT OF:					
DISTRICT		MEMBERSHIP NUMBER	POST #	HOME PHONE #		
		MEMBERSHIP NUMBER	P051 #	HOME PHONE #		
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:	•		
DISTRICT			POST #	HOME PHONE #		
		MEMBERSHIP NUMBER	P051 #	HOME PHONE #		
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:			
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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:			
NAME		MEMBERSHIP NUMBER	POST #	HOME PHONE #		
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:			
DISTRICT		MEMBERSHIP NUMBER	POST #			
NAME		MEMBERSHIP NUMBER	P051 #	HOME PHONE #		
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:			
NAME		MEMBERSHIP NUMBER	POST #	HOME PHONE #		
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NAME		MEMBERSHIP NUMBER	POST #	HOME PHONE #		
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:			
DIOTRIOT						
DISTRICT		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:			
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NAME		MEMBERSHIP NUMBER	POST #	HOME PHONE #		
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)		<u> </u>	EMAIL:	1		
NAME		MEMBERSHIP NUMBER	POST #	HOME PHONE #		
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