



20__ - __

VETERANS OF FOREIGN WARS 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

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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 BENEFITS ADVISOR

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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