

# The 2016-17 Post Election Report is to be completed by the outgoing Post Quartermaster during or immediately following the election meeting.

Information you will need to properly file your report:

- Elected Post officers membership information to include current contact information and membership number
- Post meeting information to include address, day and time. The day should be shown as "First Tuesday," "Third Wednesday," as appropriate. If a meeting is held more than once a month, show as "First and Third Monday," "Every Friday," as appropriate. Time should be shown as "11:00 am," "7:30 pm," as appropriate
- Post mailing address, Post email and website information
- Post Federal Employer Identification Number (EIN)
- Current Post dues amount
- Commander's named appointments for Adjutant, Judge Advocate, Surgeon and Service Officer

## **ONLINE ELECTION REPORT**

Online reporting is the required method of submitting the Post's 2016-17 Election Report. As Post Quartermaster, you will log into [www.vfw.org](http://www.vfw.org) and access the "Online Membership System" (OMS) under "Post Quartermaster Tools & Resources," click on "Post Election Report"; you are now ready to use the newly enhanced reporting procedure. Follow the step by step process, verify your summary, make any necessary corrections and submit. This is a 5-7 minute process for the average user.

Quartermasters who need assistance setting up their OMS account should review the 'Quartermaster Guide to Member Dues Processing' link [https://www.vfw.org/uploadedFiles/VFWorg/MY\\_VFW/QuartermasterGuidetoMemberDuesProcessing.pdf](https://www.vfw.org/uploadedFiles/VFWorg/MY_VFW/QuartermasterGuidetoMemberDuesProcessing.pdf)

**Department Quartermasters have access to OMS and have the ability to enter Post Election results for a Post. Please utilize this resource if you do not have access to OMS.**

In addition to the annual Election Report, this system will be utilized to make officer changes during the administrative year.

## **MAIL-IN OR FAXED ELECTION REPORT**

Although a return, postage paid envelope has been included in this year's mailing, we ask that you make every attempt to use the online reporting method. **Do not mail or fax your report if you have utilized the online reporting method.** Your report can be submitted by mailing one copy to the Adjutant General or fax to 816-968-1149.

## **NOTIFICATION**

Changes in Post Officers will also be acknowledged by email to the Post's V-mail account.

Post Quartermaster's will receive a "Post Record Acknowledgement" via USPS. This card is used to show the reported change of the Post Commander, Post Quartermaster and/or Post Dues Amount. Only return this card to correct erroneous information. Corrections can also be made by accessing the OMS.

National Headquarters will be providing Post and officer information to the Department Headquarters.

**Questions regarding the Post Election Report can be answered by calling 816-756-3390 ext. 299.**



# 20\_\_ - \_\_ POST ELECTION REPORT

DATE OF ELECTION:

POST #	DISTRICT #	DEPARTMENT	POST NAME	POST DUES AMOUNT Includes National and Department Per Capita	\$
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<b>POST MEETING LOCATION (PHYSICAL ADDRESS)</b>			<b>POST MAILING ADDRESS</b>		
BUILDING NAME (IF NOT POST NAME)			STREET ADDRESS or PO BOX #		
STREET ADDRESS			ADDRESS LINE 2		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
POST E-MAIL ADDRESS			POST MEETING DAY/TIME		
POST WEBSITE			CHECK ALL THAT APPLY:		
POST PHONE #			<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> NO POST HOME <input type="checkbox"/> CANTEEN/CLUBROOM <input type="checkbox"/> PROVIDE HALL RENTALS <input type="checkbox"/> PROVIDE MILITARY FUNERAL HONORS		
FEDERAL EMPLOYER IDENTIFICATION # (EIN)					

<b>COMMANDER</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>SENIOR VICE COMMANDER</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>JUNIOR VICE COMMANDER</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>QUARTERMASTER</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>CHAPLAIN</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>JUDGE ADVOCATE (APPOINTED)</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>SURGEON (APPOINTED)</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>1 YEAR TRUSTEE</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>2 YEAR TRUSTEE</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>3 YEAR TRUSTEE</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>ADJUTANT (APPOINTED)</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

<b>SERVICE OFFICER (APPOINTED)</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE