



VETERANS OF FOREIGN WARS

VETERANS OF FOREIGN WARS
20 - DISTRICT ELECTION REPORT

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

Form with sections: DISTRICT #, DEPARTMENT OF, DATE OF ELECTION, DISTRICT INFORMATION, DISTRICT COMMANDER, DISTRICT SENIOR VICE COMMANDER, DISTRICT JUNIOR VICE COMMANDER, DISTRICT QUARTERMASTER, DISTRICT ADJUTANT, DISTRICT CHAPLAIN, DISTRICT INSPECTOR. Includes fields for name, address, phone, email, and membership details.

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:
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DISTRICT JUDGE ADVOCATE

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

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

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

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

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

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

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE #
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