The 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, Chaplain and Service Officer (Judge Advocate and Surgeon if required by Post bylaws).

ONLINE ELECTION REPORT

Online reporting is the preferred method of submitting the Post’s Election Report. As Post Quartermaster, you will log into **vfw.org** accessing "My VFW." You will then click on the link “Online Membership System.” You will find, in the left navigation pane “Election Report”; open the drop down and click "Post Election Report Filing." 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 Online Membership System (OMS) account should review the "Quartermaster Guide to Member Dues Processing" training document located in "VFW Training and Support" under "Member & Officer Training, Forms & Templates." Additional technical support is available by calling VFW Member Service Center at 833.VFW.VETS (833.839.8387).

Department Adjutants and Quartermasters have access to OMS; therefore, have the ability to enter Post Election results for a Post. Please consider 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.

NOTIFICATION

Changes in Post Officers will also be acknowledged by email to the Post Quartermaster's and Department Headquarters email addresses.

Corrections should be made by accessing 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. 6299.

20__-__ POST ELECTION REPORT

VETERANS OF FOREIGN WARS.

DATE OF ELECTION:

POST #	DISTRICT #	DEPARTMENT	POST NAME	POST DUES AMOUNT Includes National and Department Per Capita $

POST MEETING LOCATION (PHYSICAL ADDRESS)			POST MAILING ADDRESS		
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 EMAIL ADDRESS			POST MEETING DAY/TIME		
POST WEBSITE			CHECK ALL THAT APPLY:		
			☐ OWN ☐ RENT ☐ NO POST HOME ☐ CANTEEN/CLUBROOM		
POST PHONE #	FEDERAL EMPLOYER INDENTIFICATION # (EIN)		☐ PROVIDE HALL RENTALS ☐ PROVIDE MILITARY FUNERAL HONORS		

COMMANDER

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

SENIOR VICE COMMANDER

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

JUNIOR VICE COMMANDER

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

QUARTERMASTER

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

CHAPLAIN (APPOINTED)

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

1 YEAR TRUSTEE

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

2 YEAR TRUSTEE

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

3 YEAR TRUSTEE

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

ADJUTANT (APPOINTED)

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

BENEFITS ADVISOR (APPOINTED)

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

JUDGE ADVOCATE (IF REQUIRED BY POST BYLAWS) ☐ ELECTED ☐ APPOINTED

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE

SURGEON (IF REQUIRED BY POST BYLAWS) ☐ ELECTED ☐ APPOINTED

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS	CITY	STATE	ZIP CODE