



VETERANS OF FOREIGN WARS

20__ - __ DISTRICT ELECTION REPORT

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

DISTRICT #	DEPARTMENT OF:	DATE OF ELECTION
DISTRICT INFORMATION		
IS THE DISTRICT INCORPORATED? <input type="checkbox"/> YES <input type="checkbox"/> 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

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

DISTRICT # 0	DEPARTMENT OF:
-----------------	----------------

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:
--	--------

DISTRICT BUDDY POPPY

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE #
------	-------------------	--------	--------------

MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
--	--------

DISTRICT CITIZENSHIP

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE #
------	-------------------	--------	--------------

MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
--	--------

DISTRICT COMMUNITY SERVICE

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE #
------	-------------------	--------	--------------

MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
--	--------

DISTRICT LOYALTY DAY

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE #
------	-------------------	--------	--------------

MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
--	--------

DISTRICT MEMBERSHIP

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 # <p style="text-align: center;">0</p>	DEPARTMENT OF:
--	----------------

DISTRICT PATRIOTS PEN

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

DISTRICT SAFETY

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

DISTRICT TEACHER OF THE YEAR

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

DISTRICT VOICE OF DEMOCRACY

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

DISTRICT YOUTH ACTIVITIES

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:	

DISTRICT

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:	

DISTRICT

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:	

DISTRICT

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