



VETERANS OF FOREIGN WARS

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? 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 SERVICE OFFICER

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE #
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