

# DISTRICT ELECTION REPORT

## INSTRUCTIONS

Section 413 of the National By-Laws now requires ALL Districts to submit a properly completed "District Election Report" to National Headquarters prior to the convening of the Department Convention.

Online reporting will not be available for the 2010-11 administrative year.

Please use this fillable .pdf form to report your election, it contains all elected and appointed position required under Section 416(a)&(b) of the National By-Laws. Additional space is provided for appointed officers/chairman as required by Department and/or District By-Laws. As we continue to move toward electronic forms of communication, we would like to stress the importance of up-to-date email addresses.

You may mail, fax or email your report to National Headquarters.

- FAX: (816)968-1149
- Email: [info@vfw.org](mailto:info@vfw.org)
- Mail: VFW National Headquarters  
Administrative Operations, Election Report  
406 W. 34<sup>th</sup> St.  
Kansas City, MO 64111

Remember to provide a copy of the District Election Report to your Department Headquarters.

Questions regarding this form? Contact: [info@vfw.org](mailto:info@vfw.org)



# VETERANS OF FOREIGN WARS

## 20\_\_ - \_\_ DISTRICT ELECTION REPORT



PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

DISTRICT #	DEPARTMENT OF:	DATE OF ELECTION
<b>DISTRICT INFORMATION</b>		
IS THE DISTRICT INCORPORATED?      YES      NO		FEDERAL EMPLOYER IDENTIFICATION # (EIN)
DISTRICT WEBSITE:		DISTRICT EMAIL:
<b>DISTRICT COMMANDER</b>		
NAME		POST #
		CAP SIZE
		MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
		(    )
CITY	STATE	ZIP + 4
		EMAIL:
<b>DISTRICT SENIOR VICE COMMANDER</b>		
NAME		POST #
		CAP SIZE
		MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
		(    )
CITY	STATE	ZIP + 4
		EMAIL:
<b>DISTRICT JUNIOR VICE COMMANDER</b>		
NAME		POST #
		CAP SIZE
		MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
		(    )
CITY	STATE	ZIP + 4
		EMAIL:
<b>DISTRICT QUARTERMASTER</b>		
NAME		POST #
		CAP SIZE
		MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
		(    )
CITY	STATE	ZIP + 4
		EMAIL:
<b>DISTRICT ADJUTANT</b>		
NAME		POST #
		CAP SIZE
		MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
		(    )
CITY	STATE	ZIP + 4
		EMAIL:
<b>DISTRICT CHAPLAIN</b>		
NAME		POST #
		CAP SIZE
		MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
		(    )
CITY	STATE	ZIP + 4
		EMAIL:
<b>DISTRICT INSPECTOR</b>		
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**

**VETERANS OF FOREIGN WARS**  
**20\_\_ - \_\_ DISTRICT ELECTION REPORT Continued**  
*PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION*

<b>DISTRICT #</b>	<b>DEPARTMENT OF:</b>
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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 # (    )
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)		EMAIL:	

**DISTRICT**

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**VETERANS OF FOREIGN WARS**  
**20\_\_ - \_\_ DISTRICT ELECTION REPORT Continued**  
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DISTRICT #	DEPARTMENT OF:
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**DISTRICT**

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE # (    )
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