



# 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 #<br>(    )                  |
| 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 #<br>(    )                  |
| 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 #<br>(    )                  |
| CITY   | STATE    ZIP + 4 | EMAIL:                                  |
| <b>DISTRICT QUARTERMASTER</b>  |                  |   |
| NAME   | POST #           | CAP SIZE    MEMBERSHIP NUMBER           |
| MAILING ADDRESS (STREET or P.O. BOX #)   |                  | HOME PHONE #<br>(    )                  |
| CITY   | STATE    ZIP + 4 | EMAIL:                                  |
| <b>DISTRICT ADJUTANT</b>   |                  |   |
| NAME   | POST #           | CAP SIZE    MEMBERSHIP NUMBER           |
| MAILING ADDRESS (STREET or P.O. BOX #)   |                  | HOME PHONE #<br>(    )                  |
| CITY   | STATE    ZIP + 4 | EMAIL:                                  |
| <b>DISTRICT CHAPLAIN</b>   |                  |   |
| NAME   | POST #           | CAP SIZE    MEMBERSHIP NUMBER           |
| MAILING ADDRESS (STREET or P.O. BOX #)   |                  | HOME PHONE #<br>(    )                  |
| CITY   | STATE    ZIP + 4 | EMAIL:                                  |
| <b>DISTRICT INSPECTOR</b>  |                  |   |
| NAME   | POST #           | CAP SIZE    MEMBERSHIP NUMBER           |
| MAILING ADDRESS (STREET or P.O. BOX #)   |                  | HOME PHONE #<br>(    )                  |
| 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

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| DISTRICT # | DEPARTMENT OF: |
|------------|----------------|

**DISTRICT JUDGE ADVOCATE**

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

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

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

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

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

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| NAME | MEMBERSHIP NUMBER | POST # | HOME PHONE #<br>(    ) |
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| MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) | EMAIL: |
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**DISTRICT \_\_\_\_\_**

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| NAME | MEMBERSHIP NUMBER | POST # | HOME PHONE #<br>(    ) |
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| MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) | EMAIL: |
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**DISTRICT \_\_\_\_\_**

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|------|-------------------|--------|------------------------|
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| MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) | EMAIL: |
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**DISTRICT \_\_\_\_\_**

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**DISTRICT \_\_\_\_\_**

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**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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| <b>DISTRICT</b> _____  |                         |              |                        |
| NAME _____   | MEMBERSHIP NUMBER _____ | POST # _____ | HOME PHONE #<br>(    ) |
| MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) _____ |                         | EMAIL: _____ |                        |

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

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| <b>DISTRICT</b> _____  |                         |              |                        |
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| <b>DISTRICT</b> _____  |                         |              |                        |
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| <b>DISTRICT</b> _____  |                         |              |                        |
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| <b>DISTRICT</b> _____  |                         |              |                        |
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| <b>DISTRICT</b> _____  |                         |              |                        |
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