



# 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**

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

**DISTRICT SURGEON**

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

**DISTRICT TRUSTEE 1 YEAR**

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

**DISTRICT TRUSTEE 2 YEAR**

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

**DISTRICT TRUSTEE 3 YEAR**

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

**DISTRICT SERVICE OFFICER**

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

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

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

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

<b>NAME</b>	<b>MEMBERSHIP NUMBER</b>	<b>POST #</b>	<b>HOME PHONE #</b> (    )
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**DISTRICT \_\_\_\_\_**

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

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

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

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