



VETERANS OF FOREIGN WARS

# VETERANS OF FOREIGN WARS

## 20\_\_ - \_\_ COUNTY COUNCIL ELECTION REPORT

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

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

**INSTRUCTIONS**

• TO BE FILLED OUT RIGHT AFTER COUNTY COUNCIL ELECTIONS

• PRINT & KEEP A COPY FOR YOUR COUNCIL RECORDS

• PRINT AND Send a Copy to Dept. Headquarters: 69 Sand Creek Road, Albany, New York 12205

VETERANS OF FOREIGN WARS

20\_\_ - \_\_ COUNTY COUNCIL ELECTION REPORT Continued

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

COUNTY COUNCIL	DEPARTMENT OF:
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**COUNTY COUNCIL JUDGE ADVOCATE**

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

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE #
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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**COUNTY COUNCIL TRUSTEE 1 YEAR**

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE #
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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**COUNTY COUNCIL TRUSTEE 2 YEAR**

NAME	MEMBERSHIP NUMBER	POST #	HOME PHONE #
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:
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**COUNTY COUNCIL TRUSTEE 3 YEAR**

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

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

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

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

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

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