



# VETERANS OF FOREIGN WARS

## 20 18 - 19 DISTRICT ELECTION REPORT



PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

DISTRICT #	DEPARTMENT OF: <b>WASHINGTON</b>	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 # (    )
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 18 - 19 DISTRICT ELECTION REPORT Continued**

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<b>DISTRICT #</b>	<b>DEPARTMENT OF: WASHINGTON</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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2018 - 19 DISTRICT ELECTION REPORT Continued  
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