



Associates of Vietnam Veterans of America, Inc.

State AVVA Voting Delegate Registration Form

Please print legibly

I, _____, am a member in good standing of the Associates of Vietnam Veterans of America, Inc. Associated with VVA Chapter # _____, and do not have outstanding disciplinary actions pending. I have been selected to represent that group by casting their one (1) vote in the AVVA State Election for the AVVA State Representative for the State of _____.

Name: _____ Member Number: _____

Address: _____

Home Phone #: _____ Other Phone #: _____

E-Mail Address: _____

Signature: _____

If you have any questions regarding the Nominating / Election Procedure, please contact:
(State Election Chair's Name and Telephone Number)

Please return this form to:
(State Election Chair's Name and Address)