



# 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FEDERAL EMPLOYER IDENTIFICATION # (EIN)
WEBSITE:	DISTRICT EMAIL:	
<b>COUNTY COUNCIL COMMANDER</b>		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
CITY	STATE	ZIP + 4 EMAIL:
<b>COUNTY COUNCIL 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>COUNTY COUNCIL 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>COUNTY COUNCIL QUARTERMASTER</b>		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
CITY	STATE	ZIP + 4 EMAIL:
<b>COUNTY COUNCIL ADJUTANT</b>		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
CITY	STATE	ZIP + 4 EMAIL:
<b>COUNTY COUNCIL CHAPLAIN</b>		
NAME	POST #	CAP SIZE MEMBERSHIP NUMBER
MAILING ADDRESS (STREET or P.O. BOX #)		HOME PHONE #
CITY	STATE	ZIP + 4 EMAIL:
<b>COUNTY COUNCIL 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 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*

<b>COUNTY COUNCIL</b>	<b>DEPARTMENT OF:</b>		
0			
<b>COUNTY COUNCIL JUDGE ADVOCATE</b>			
<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>	
<b>COUNTY COUNCIL SURGEON</b>			
<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>	
<b>COUNTY COUNCIL TRUSTEE 1 YEAR</b>			
<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>	
<b>COUNTY COUNCIL TRUSTEE 2 YEAR</b>			
<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>	
<b>COUNTY COUNCIL TRUSTEE 3 YEAR</b>			
<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>	
<b>COUNTY COUNCIL SERVICE OFFICER</b>			
<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>	
<b>OTHER:</b>			
<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>	
<b>OTHER:</b>			
<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>	
<b>OTHER:</b>			
<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>	
<b>OTHER:</b>			
<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>	