

VETERANS OF FOREIGN WARS

20_____ COUNTY COUNCIL ELECTION REPORT

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

County Council	DEPAR	RTMENT OF:	DATE OF ELECTION			
IS THE COUNCIL INCORPORATED? YES		NO	FEDERAL EMPLOYER IDENTIFICATION # (EIN)			
WEBSITE:		DISTRICT	T EMAIL:			
COUNTY COUNCIL COMMANDER	yr Labory		G. Stephenson	Mark 1955 Tark Tark		777
NAME			POST#	CAP SIZE	MEMBERSHIP NUMBER	
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	1	
				Trome Trone	•	
CITY	STATE	ZIP + 4		EMAIL:	E .	1
COUNTY COUNCIL SENIOR VICE COMM	IANDER					
NAME			POST#	CAP SIZE	MEMBERSHIP NUMBER	1
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	#	-
CITY	STATE	ZIP+ 4		EMAIL:		
COUNTY COUNCIL JUNIOR VICE COMM	IANDER					
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	#	1
СІТҮ	STATE	TATE ZIP + 4		EMAIL:		INSTRUCTIONS
COUNTY COUNCIL QUARTERMASTER						•TO BE FILLED OUT
NAME		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	POST #	CAP SIZE	MEMBERSHIP NUMBER	RIGHT AFTER COUNTY
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	#	COUNCIL ELECTIONS
CITY	STATE	ZIP + 4		EMAIL:		
COUNTY COUNCIL ADJUTANT	net sich men				Lazyanda marana da da marana da	FOR YOUR COUNCIL
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	RECORDS
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	#	DRINT AND Sond a Conv
MALING ADDRESS (SIREET OF P.O. BOX #)						. PRINT AND Send a Copy to Dept. Headquarters:
CITY	STATE ZIP + 4			EMAIL:		69 Sand Creek Road, Albany, New York 12205
COUNTY COUNCIL CHAPLAIN						
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	
MAILING ADDRESS (STREET or P.O. BOX #)			3	HOME PHONE	#	1
CITY	STATE	ZIP + 4		EMAIL:		-
COUNTY COUNCIL INSPECTOR		enter de la proposición				
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	(51)
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СІТУ	STATE	ZIP + 4		EMAIL:		7

VETERANS OF FOREIGN WARS

20___-_ COUNTY COUNCIL ELECTION REPORT Continued

	PLEASE PRINT CL	EARLY OR TYPE ALL INFORMATION			
COUNTY COUNCIL 0	DEPARTMENT OF:				
COUNTY COUNCIL JUDGE ADVO	CATE				
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City	, State, Zip)		EMAIL:		
COUNTY COUNCIL SURGEON				Paramonal manas pro-sentany and a second and a second	
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #	
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COUNTY COUNCIL TRUSTEE 1 Y	ÆAR				
NAME		MEMBERSHIP NUMBER	POST #	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City	, State, Zip)		EMAIL:		
COUNTY COUNCIL TRUSTEE 2 Y	ÆAR				
NAME		MEMBERSHIP NUMBER	POST #	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City	r, State, Zip)		EMAIL:		
COUNTY COUNCIL TRUSTEE 3 Y	ÆAR				
NAME		MEMBERSHIP NUMBER	POST #	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City	r, State, Zip)		EMAIL:		
COUNTY COUNCIL SERVICE OF	FICER				
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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