



AHEPA DISTRICT 20 CHAPTER ELECTION RESULTS 20__-20__

This is to certify that on the _____ day of _____, 20__, Chapter # _____ located at _____ elected the following members in good standing to the offices listed below :

Chapter President :

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

Chapter Vice President :

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

Chapter Secretary :

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

Chapter Treasurer :

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

Other Vice Presidents (list names and titles)

- (1). _____
- (2). _____
- (3). _____
- (4). _____
- (5). _____

Chapter Secretary _____ Date _____
(signature)

PLEASE REMIT TO THE AHEPA DISTRICT 20 EXECUTIVE SECRETARY IMMEDIATELY FOLLOWING ELECTIONS EACH YEAR (EVEN IF THERE ARE NO CHANGES) - OFFICE@AHEPADISTRICT20.ORG