



Order of AHEPA CHAPTER ELECTION RESULTS

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

CHAPTER PRESIDENT

Name: _____ National Serial # _____

Address: _____ City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (Fax) _____ (E-mail) _____

CHAPTER VICE PRESIDENT

Name: _____ National Serial # _____

Address: _____ City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (Fax) _____ (E-mail) _____

CHAPTER SECRETARY

Name: _____ National Serial # _____

Address: _____ City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (Fax) _____ (E-mail) _____

CHAPTER TREASURER

Name: _____ National Serial # _____

Address: _____ City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (Fax) _____ (E-mail) _____

Address: _____ City _____ State _____ Zip _____

PLEASE REMIT NO LATER THAN JUNE 30 TO:

**AHEPA HEADQUARTERS
1909 Q Street, N.W., Suite 500
Washington, D.C. 20009**

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Website: www.ahepa.org Email: ahepa@ahepa.org