



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) _____

PLEASE REMIT NO LATER THAN JUNE 30 TO:

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

Phone: 202.232.6300 Fax 202.232.2140

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