Order of AHEPA
CHAPTER ELECTION RESULTS

This is to certify that on _____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_____

(H)_____(C)_____(W)_____Email_____

CHAPTER VICE PRESIDENT

Name:_____ National Serial #_____

Address:_____City_____State_____Zip_____

(H)_____(C)_____(W)_____Email_____

CHAPTER SECRETARY

Name:_____ National Serial #_____

Address:_____City_____State_____Zip_____

(H)_____(C)_____(W)_____Email_____

CHAPTER TREASURER

Name:_____ National Serial #_____

Address:_____City_____State_____Zip_____

(H)_____(C)_____(W)_____Email_____

(Please Check box) ☐ **CHAPTER CORR SECRETARY** ☐ **MEMBERSHIP COORDINATOR**

Name:_____ National Serial #_____

Address:_____City_____State_____Zip_____

(H)_____(C)_____(W)_____Email_____

PLEASE REMIT NO LATER THAN JUNE 30 TO:
AHEPA HEADQUARTERS
1909 Q Street, NW, Ste 500
Washington, DC 20009
Phone: 202.232.6300 Fax 202.232-2140
Website: www.ahepa.org Email: membership@ahepa.org