



REGION 4 VETERANS AFFAIRS COMMITTEE REPORT

(Please type or print legibly)

UAW Local Number _____

Date: _____

Veterans Affairs Meeting held at: _____

Name of Veterans Affairs Delegate: _____

Street Address: _____

City-State-Zip: _____

Telephone: _____

E-Mail: _____

Name of Veterans Affairs Delegate: _____

Street Address: _____

City-State-Zip: _____

Telephone: _____

E-Mail: _____

Name of Veterans Affairs Delegate: _____

Street Address: _____

City-State-ZIP: _____

Telephone: _____

E-Mail: _____

Name of Veterans Affairs Delegate: _____

Street Address: _____

City-State-Zip: _____

Telephone: _____

E-Mail: _____

Name of Veterans Affairs Delegate: _____

Mailing Address: _____

City-State-Zip: _____

Telephone: _____

E-Mail: _____

Local Veterans Council Members

(Please list name and address of all Veterans Council Members, even if not in attendance.)

Name: _____

Street Address: _____

City-State-Zip: _____

Telephone: _____ E-Mail: _____

Name: _____

Street Address: _____

City-State-Zip: _____

Telephone: _____ E-Mail: _____

Name: _____

Street Address: _____

City-State-ZIP: _____

Telephone: _____ E-Mail: _____

Name: _____

Street Address: _____

City-State-Zip: _____

Telephone: _____ E-Mail: _____

Name: _____

Mailing Address: _____

City-State-Zip: _____

Telephone: _____ E-Mail: _____



REPORT OF ACTIVITIES

FUND RAISING

SPECIAL PROJECTS

OTHER ACTIVITIES

