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 Votorone Affaire Delegates	
City-State-ZIP:	
Telephone:	E-Mail:
Name of Veterans Affairs Delegate:	
Telephone:	
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:	
Name	
Name:	
Street Address:	
City-State-Zip:	
Telephone:	E-Mail:
Name:	
Street Address:	
City-State-ZIP:	
Telephone:	E-Mail:
Name:	
Other at Address as	
011 01 1 7	
Telephone:	E-Mail:
Name:	
City-State-Zip:	
Telephone:	E-Mail:



REPORT OF ACTIVITIES

FUND RAISING	
SPECIAL PROJECTS	
OTHER ACTIVITIES	

