

ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC

REQUEST TO INCORPORATE AS AN INDEPENDENT CHAPTER

This form is for use by groups of AVVA members who do not have a VVA or AVVA Chapter near them, and/or who wish to form an AVVA Chapter independent of other AVVA groups.

Committee Use Only:					
Rec'd By:					
Date:					

We, as a group of AVVA members, request to incorporate as an independent AVVA Chapter:

Name of requester:				Member #:		
Mailing address:						
City:			ST:	ZIP:		
Phone:	E	-Mail:				
Please complete the following information:						
City & State locat	ion of Chapter home:					
Is there an existing	ng AVVA Chapter located	in this area?		If so, Chapter number:		
Summarize the ju	stification for incorporating	g:				
Signature:				Date:		
All inquiries shou Or mail to: Bo	ld be sent to: Bobbie Mor obbie Morris, Incorpor 5 Fairlane Drive dustry, PA 15052	ris, email: bobby514@	@comcast.ne			