



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 Regular Members, request to incorporate as an independent AVVA Chapter:

NAME OF REQUESTER: _____ MEMBER ID # _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Please complete the following information:

LOCATION OF THE CHAPTER YOU WISH TO FORM: _____
(City and State)

IS THERE AN EXISTING AVVA CHAPTER LOCATED IN THIS AREA? _____ CHAPTER # _____

Summarize the justification for incorporating:

SIGNATURE: _____ DATE: _____

Any questions should be directed to the Incorporation Committee Chair, Bobbie Morris: bobby514@comcast.net

Mail this form to: Bobbie Morris, Incorporation Chair
155 Fairlane Drive
Industry, PA 15052