



## Chapter Incorporation Petition Instructions:

1. A minimum of 10 Regular voting AVVA Members are required to sign the petition. (We suggest if possible, adding extra signatures to avoid any problems stemming from delinquent dues, etc.)
2. Each Member signing the petition must be at least 18 years of age.
3. Each Member signing must have been a regular voting Member in good standing with AVVA for at least 3 months prior to signing.
4. Membership numbers must be recorded on the petition.
5. Chapter Representative must complete and sign the Verification of Age form provided with the petition.
6. You will be given 60 days from the date of first signature to return the signed petition to the AVVA National Incorporation Chair.
7. All signatures must be on the form provided. No other forms will be accepted. Duplication of the blank petition is permitted.
8. The completed petition(s) and the Verification of Age form must be sent registered mail, return receipt requested, to the Incorporation Chair:

Bobbie Morris  
155 Fairlane Drive  
Industry, PA 15052

9. Upon receipt, and after verification by the Incorporation Committee of all signatures, further instructions for the Incorporation process will be sent via email.

If you have any questions concerning the completion of this Petition please email [bobby514@comcast.net](mailto:bobby514@comcast.net), or call 724-777-9780.



# Chapter Incorporation Petition

We, the undersigned, do hereby petition the National AVVA Board of Directors to recognize us as an Incorporated Chapter of the Associates of Vietnam Veterans of America, Inc. We are all members of AVVA, affiliated with Vietnam Veterans of America Chapter #\_\_\_\_\_. We have 1) been members in good standing for a minimum of 3 months. 2) paid the appropriate dues. 3) are at least 18 years-of-age at time of signing.

We also certify that we have reviewed the AVVA National and State By-Laws and agree to conform to the principles and guidelines set forth by the Corporation and its members. Further, we attest that the following information is accurate and legal, to the best of our knowledge. ***Individuals signing this petition must be at least eighteen (18) years of age and must be a Regular Member of AVVA. The person acquiring signatures MUST verify age, as this is a legal document.***

	<u>Printed or Typed Name</u>	<u>Signature</u>	<u>Date Signed</u>	<u>Member Number</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

	<i>Printed or Typed Name</i>	<i>Signature</i>	<i>Date Signed</i>	<i>Member Number</i>
11.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				



## Incorporation Age Verification

(Fill in and sign in spaces provided, for either Chapter Representative or State Representative, whichever applies to you.)

I, \_\_\_\_\_, Chapter Representative  
(Print Name)

for AVVA Chapter # \_\_\_\_\_ in \_\_\_\_\_,  
(City and State)

**OR:**

State Representative for the State of: \_\_\_\_\_,  
(State)

do hereby affirm that all Regular voting Members signing the enclosed Petition for Chapter Incorporation are at least eighteen (18) years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Membership Number

\_\_\_\_\_  
Email Address