



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