



ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.

**INCORPORATION APPEAL FORM**

State Incorporation Appeal:

Chapter Incorporation Appeal:

Name of Petitioner: \_\_\_\_\_ State / Chapter: \_\_\_\_\_

Address of Petitioner: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Please write out what the recommendations of the Incorporation Committee were:

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Please state the reason(s) that the board should reconsider your denial:

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Fill out and return this form to the Incorporation Committee Chair, Bobbie Morris at:

(by email attachment) to: [bobby514@comcast.net](mailto:bobby514@comcast.net)

(By USPS mail) to: Bobbie Morris  
155 Fairlane Drive  
Industry, PA 15052