



Associates of Vietnam Veterans of America, Inc.

REQUEST PETITION FOR STATE ASSOCIATION

We, as AVVA Regular Members, request the State Association to Incorporate.

NAME OF REQUESTER: _____ MEMBER ID # _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

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**

Committee use only:

Rec'd by: _____

Date: _____