



VERIFICATION OF RESIDENCY

Registered voter: yes ____ no ____

Community member/resident: yes ____ no ____

Date: _____

To:

(Name of business/to whom it may concern)

(Business mailing address/physical address)

(City, State, Zip Code)

(Business Phone/Fax #)

Name: _____
(Name of registered voter/community member/resident)

Mailing address: _____

Physical address: _____
(Street address, # of miles, direction, milepost #, House #, description of home)

Approving signature: _____
(Chapter Official/Chapter Administration)