



Atlanta Retailers Association

Affidavit

The undersigned, after being duly sworn by the undersigned officer authorized to administer oaths, deposes and says as follows:

1. My name is _____
(First Name, Last Name)

I am over the age of eighteen (18), suffering from no mental disabilities, and I am fully competent to testify to the facts contained in this Affidavit.

2. I GIVE THIS AFFIDAVIT FOR USE OF ALL PURPOSES ALLOWED BY LAW.
3. I AM (ONE OF) THE OWNER OF A BUSINESS IN THE STATE OF GEORGIA, USA AS
NAME OF THE CORPORATION: _____
LOCATED AT: _____ CITY,
STATE, ZIP _____

The convenience store described above will be a member of the Atlanta Retailers Association.

4. MY RELIGION IS SHIA IMAMI ISMAILI MUSLIM. I HAVE BEEN SHIA IMAMI ISMAILI MUSLIM AT ALL TIMES WHILE APPLYING FOR MEMBERSHIP IN THE ATLANTA RETAILERS' ASSOCIATION.
5. IT IS MY UNDERSTANDING THAT FOR A STORE TO BE A MEMBER OF THE ATLANTA RETAILERS' ASSOCIATION, IT MUST BE OWNED AND/OR MANAGED BY SHIA IMAMI ISMAILI MUSLIM. THE ATLANTA RETAILERS' ASSOCIATION ASKED ME TO CONFIRM THIS FACT WHEN MY STORE APPLIED FOR MEMBERSHIP. I AM NOT AWARE OF ANY MEMBERS OF THE ATLANTA RETAILERS' ASSOCIATION THAT DO NOT MEET THIS CRITERION.

FURTHER AFFIANT SAYETH NOT

Applicant Signature:

Sworn to and subscribed before me

This _____ day of _____, 20____

Notary Public

My commission expires: