



2055 North Brown Road,
Suite # 200,
Lawrenceville, GA 30043
Phone: (770) 455-4455
Fax : (404) 478-8525
Email:admin@araonline.us

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 THE **OWNER / MANAGER** OF A BUSINESS IN THE IN THE STATE OF GEORGIA, USA AS

DBA: _____

Located At: _____

City, St, 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 SINCE APPLYING FOR MEMBERSHIP IN THE ATLANTA RETAILERS ASSOCIATION

5. IT IS MY UNDERSTANDING THAT, IN ORDER 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. _____

Sworn to and subscribed before me
This ___day of _____, 201_

Notary public

My Commission expires: _____