



LOCAL CHARTER
ANNUAL REVALIDATION/OFFICERS FORM



INSTRUCTIONS:

1. This form must be typed or printed legibly in black ink only.
2. All mandatory entries on both pages must be completed or form will be returned.
3. Prepare this form in triplicate: one (1) copy for the Local files and two (2) copies to the Department Secretary for distribution. In non-chartered Departments, send one (1) copy directly to National Headquarters.

Date:	Officers for the year	Department/State:	Auxiliary #:
Send Official Mail to:			
Address:			
Phone Number:	Fax:	E-Mail:	

TITLE	NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE
President*				
1 st Vice*				
2 nd Vice*				
3 rd Vice*				
Secretary*				
Treasurer*				
Sgt. At Arms				
Chaplain				
PRO				
Parliamentarian				
Liaison				
Hospital				
Americanism				
Scholarship				
Jr. AMVETS				
S.E.C.				
Alt. S.E.C.				

*MANDATORY ENTRIES - Must be filled in or the Local Auxiliary will not be revalidated.

AMVETS NATIONAL LADIES AUXILIARY LOCAL REVALIDATION FORM

*BLOCK #1

This is to certify that the officers for Auxiliary _____ of _____ (city/state) have been duly elected and installed, and that they have read and subscribed to the AMVETS Ladies Auxiliary oath of office.

Signature of Installing Officer: _____

Date: _____

*BLOCK #2

"Most small tax-exempt organizations whose annual gross receipts are normally \$50,000 or less (\$25,000 for tax years ending after December 31, 2007 and before December 31, 2010) are required to electronically submit Form 990-N, also known as the e-Postcard, unless they choose to file a complete Form 990 or Form 990-EZ instead." (This is taken directly from the irs.gov/eo990n)

This is to certify that our Fiscal Year ends _____ and the Internal Revenue Form 990, Form 990-EZ or Form 990-N (e-postcard) has been submitted to the Director of Internal Revenue and a copy sent to Department Headquarters if required.

Federal ID # _____

If gross income is over \$50,000, you **MUST** attach copy of the 990 (a CPA is recommended) and submit to Department Headquarters if required. If gross income is less than \$50,000, you **MUST** file with the IRS Form 990-N (e-postcard), Form 990 or Form 990-EZ, and attach a copy of the e-postcard or 990 to this form and submit to Department Headquarters if required.

If the Federal ID # is NOT provided, the Local Auxiliary will NOT be revalidated.

*BLOCK #3

This is to certify that the By-laws of this Auxiliary, on file with the Department, have been reviewed but have not been amended or changed from the original copy as submitted _____ (date submitted). Amended copy is being/has been forwarded to the Department Parliamentarian.

*BLOCK #4

AMOUNT OF ANNUAL DUES: \$ _____ (Please include National, Department and Local portion of dues)	REGULAR MEETING DATE: _____ (Month/Day)	DATE NEW OFFICERS WERE ELECTED: _____	SEND MEMBERSHIP CARDS TO: _____ (Name/Title)
ADDRESS: _____		PHONE: _____	FAX: _____
E-MAIL: _____			
DEADLINE FOR FILING REVALIDATION FORM: Local Auxiliaries (within a Department) must file with their Department by the Department deadline. Departments must then send copies to National Headquarters with their Department Revalidation. Local Auxiliaries (in non-chartered Departments) must have their Revalidation form complete and sent to National Headquarters, postmarked by June 30.			
DATE: _____		CERTIFIED BY: _____	
(Signature of Local President)		(Signature of Local Secretary)	