

Post Revalidation and Officers Form

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State: _____ Post # _____
County: _____

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Fax, email or send a copy to HQ and your Department. **Completed form must be received** at National Headquarters **before 15 JULY 2019.**

PRIMARY CONTACT-Post Mailing Address

Primary Contact: _____ Phone _____
E-mail: _____

Post Mailing Address _____
City, State and Zip: _____

RENEWAL CONTACT

Send Renewals to: _____ Phone _____
Address: _____
City, State, Zip: _____
E-mail Confirmation Contact: _____

POST INFORMATION

Meeting dates and times: _____ Meeting Address Phone Number _____
_____ Address _____ City, _____ State, _____ Zip _____
_____ Post Web-site _____ Post E-mail: _____

***** All Posts are required to file with the IRS yearly in order to maintain tax-exempt status. *****

* Dues amount must be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED ON POST PORTION+NLT+DEPT)	
* Annual Dues: *Portion of Dues retained at Post * Post Portion:\$ _____	* Life Dues: *Portion of Dues retained at Post: * Post Portion:\$ _____

Check one (per National Bylaws, Article VII):

- No Post home
- Facility owned or leased for meetings requires \$300,000 Liability Insurance.
- Facility with clubroom (requires Articles of Incorporation, State Certificate of Corporate Good Standing, \$500,000 liability Insurance and a Liquor liability policy with current Acord 25 on file at National Headquarters)
- Post Constitution & Bylaws** have been reviewed, but not amended.
- Post Constitution & Bylaws** have been amended within the past year and approved by the Department JA

POST REVALIDATION CERTIFICATION

I certify that AMVETS Post # _____ complies with all local, state and federal laws and statutes in the operation of the Post and its facilities, has a minimum of 10 members in good standing, is fully paid up in all Post accounts with National Headquarters and has complied with all revalidation requirements of the National Constitution, Article X.

Date _____ Signature & Title of Certifying Post Official _____

Officers Form

The 5 leaders with access to the database are Commander, Executive Director, 1st Vice, Adjutant, and Renewal Contact. After elections, email or fax revalidation forms to HQ and your Department.

Commander: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
1st Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
3rd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Adjutant: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Public Relations Officer: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Finance: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
SEC Rep: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____

Officers Certification

I certify that the officers of _____ have been duly installed and they have read and subscribe to the AMVETS oath of office.

Date: _____ Installing Officer: _____

Notes: As soon as your elections are concluded (May 1 - June 30th), fill out this form and send to Headquarters by mail (Attn.: Membership 4647 Forbes Blvd. Lanham, MD 20706), fax (to 301-459-7924), or email (to membersupport@amvets.org). **Send a copy of all forms to your department.** Completed form must be received by July 15. If you revalidate online you must also send a filled out copy of this form to Headquarters. We will not accept a printed copy of the online revalidation alone. We need this signed form for our records.