

**AMVETS RIDERS DEPARTMENT REVALIDATION**

Part 1: DEPARTMENT REVALIDATION Part 2: Officers Form



**Karen Cox, RNS**  
**National Secretary**  
14 Reid Place  
Palm Coast, FL 32164  
Phone: (419) 304-5310  
E-mail: \_\_\_\_\_

Dept. of _____
Membership Year _____
Date Submitted _____

Please type or print legibly all applicable sections of this form. Make 2 copies of form; Retain 1 copy & mail 1 copy to the Riders National. Completed form must be received at Riders National Headquarters **PRIOR TO JULY 15.**

**OFFICIAL CONTACT**

Send Department Mail To: \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**MEMBERSHIP RENEWAL CONTACT**

Department Membership Contact \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**DEPARTMENT ADDRESS**

Department Contact \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

EIN: \_\_\_\_\_ Fiscal Year Ends (Date) \_\_\_\_\_  
Bank Account #: \_\_\_\_\_ Bank: \_\_\_\_\_

\_\_\_\_\_ This is to certify that the Department is incorporated in accordance with the state law and Article IX, Section 8c of the AMVETS National Constitution.

*Check One:*

- \_\_\_\_\_ No Department Headquarters
- \_\_\_\_\_ The Department Headquarters carries all insurance required by state law and By Article VII of AMVETS National Bylaws.

*Check One:* (status of Department Bylaws)

- \_\_\_\_\_ Have been reviewed annually but not amended since (year) \_\_\_\_\_ and are on file at Riders National Headquarters.
- \_\_\_\_\_ Amended copy is attached for review and approval by the Riders National Judge Advocate.

**CHAPTER REVALIDATION CERTIFICATION**

We certify that AMVETS RIDERS of \_\_\_\_\_ has complied with all local, state, and federal laws and statues in the operation of the Department and its facilities, has a minimum of the required number of Chapters in good standing, is fully paid up in all Department and National accounts and is in compliance with all provisions of AMVETS RIDERS National Constitution.

Department President/Date \_\_\_\_\_ Department Secretary/Date \_\_\_\_\_



TITLE & NAME	MAILING ADDRESS	PHONE #'S
<b>President:</b> _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
<b>1<sup>st</sup> Vice:</b> _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
<b>2<sup>nd</sup> Vice:</b> _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
<b>Secretary:</b> _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
<b>Treasurer:</b> _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
<b>Judge Advocate:</b> _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
<b>Sergeant At Arms:</b> _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
<b>Chaplain:</b> _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____

**DEPARTMENT OFFICER CERTIFICATION**

This is to certify that the officers of the AMVETS Riders of \_\_\_\_\_ Have been duly installed and that they have read and subscribe to the AMVETS oath of office.  
Date \_\_\_\_\_ Installing Officer \_\_\_\_\_