

# AMVETS RIDERS CHAPTER REVALIDATION

Part 1: Chapter Revalidation; Part 2: Officers Form



## AMVETS RIDERS D.O.F.

First Vice Roy Beck  
404 Port Royal Ct  
N. Fort Myers ,Fl 33917  
mail: rcbeck28@aol.com

Department of \_\_\_\_\_  
Chapter \_\_\_\_\_  
Membership Year \_\_\_\_\_  
Date Submitted \_\_\_\_\_

Please type all applicable sections of this form. Make 2 copies. Retain 1 copy. E-Mail 1 copy to the Riders Department 1V. Completed form must be received at Riders D.O.F. Dept 1V **PRIOR TO JUNE 24TH.**

### OFFICIAL CONTACT

Send Chapter Mail To: \_\_\_\_\_ Cell: \_\_\_\_\_  
Post Address: \_\_\_\_\_ Home: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### MEMBERSHIP RENEWAL CONTACT

Renewal Contact/Title: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ Home: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### FINANCIAL INFORMATION

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

\_\_\_\_\_ This is to certify that the Chapter is incorporated in accordance with the state law and Article IX, Section 8c of the AMVETS National Constitution. **Current 990 must be submitted with this revalidation form.** If you are a Chapter with a State Department, submit your forms to the Dept 1st Vice. If you do not have a State Department, submit forms to the National 1st Vice.

Check One:

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

Check One: **Standard Operating Procedures/SOP**

- \_\_\_\_\_ 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 statutes in the operation of the Chapter and its facilities, has a minimum of the required number of members 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.

Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_  
Chapter Secretary: \_\_\_\_\_ Date: \_\_\_\_\_



## CHAPTER OFFICERS RECORD

AMVETS Riders of \_\_\_\_\_

**President:** \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: \_\_\_\_\_

**1st Vice:** \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: \_\_\_\_\_

**2nd Vice:** \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: \_\_\_\_\_

**Secretary:** \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: \_\_\_\_\_

**Judge Advocate:** \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: \_\_\_\_\_

**Sergeant at Arms:** \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: \_\_\_\_\_

**Chaplain:** \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: \_\_\_\_\_

### CHAPTER 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 Riders oath of office.

Date: \_\_\_\_\_ Installing Officer: \_\_\_\_\_