

# AMVETS RIDERS CHAPTER REVALIDATION

Part 1: Chapter Revalidation Part 2: Officers Form



## AMVETS RIDERS HEADQUARTERS

14 Reid Place  
Palm Coast, FL 32164  
E-mail: [ridersns3.kcox@yahoo.com](mailto:ridersns3.kcox@yahoo.com)

Dept. of \_\_\_\_\_  
Chapter \_\_\_\_\_  
Membership Year \_\_\_\_\_  
Date Submitted \_\_\_\_\_

Please type or print legibly all applicable sections of this form. Make 3 copies of form; Retain 1 copy, mail 1 copy to the Riders Department, and send 1 copy to Riders National. Completed form must be received at Riders National Headquarters **PRIOR TO JULY 15.**

### OFFICIAL CONTACT

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

### MEMBERSHIP RENEWAL CONTACT

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

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.

*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: (status of Chapter 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 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



AMVETS RIDERS \_\_\_\_\_ Chapter Officers Record

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: (____) _____

**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 oath of office.

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