## **AMVETS RIDERS CHAPTER REVALIDATION**

Part 1: Chapter Revalidation; Part 2: Officers Form



## **NATIONAL AMVETS RIDERS**

First Vice Paul Spuhl 1603 Ridge Bend Drive Glencoe, MO 63038

Email: pspuhl@moamvetsriders.org

Department of	
Chapter	
Membership Year	
Date Submitted	

Please type or print legibly all applicable sections of this form. Make 3 copies. Retain 1 copy. Mail 1 copy to the Riders Department, if applicable. Send 1 copy to Riders 1V. Completed form must be received at Riders National 1V **PRIOR TO JULY 15.** 

OFF	ICIAL 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:			
AMVETS National Constitution. Current 990 must be submitted be partment, submit your forms to the Dept 1st Vice. If you described the Check One: No Chapter headquarters.	accordance with the state law and Article IX, Section 8c of the sed with this revalidation form. If you are a Chapter with a State to not have a State Department, submit forms to the National 1st Vice.			
The Chapter headquarters carries all insurance require	ed 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 REV	ALIDATION CERTIFICATION			
	has complied with all local, state, and Federal laws and statutes in the the required number of members in good standing, is fully paid up in all provisions of AMVETS Riders National Constitution.			
Chapter President:	Date:			
Chapter Secretary:	Date:			



## **CHAPTER OFFICERS RECORD**

AMVETS	AMVETS Riders of	
President:		Cell:
Address:		Home:
Email Address:		FAX:
1st Vice:		Cell:
		FAX:
2nd Vice		Cell:
		Home:
		FAX:
		Cell:
		Home:
Email Address:		FAX:
Treasurer:		Cell:
Address:		Home:
Email Address:		FAX:
Judge Advocate:		Cell:
Address:		Home:
		FAX:
Sergeant at Arms:		Cell:
		FAX:
Chaplain:		Cell:
		FAX:
	CHAPTER OFFICER CERTII	
This is to certify that the effi	cors of the AMVETS Piders of	have been duly installed, and that they
	the AMVETS Riders of	nave been duly installed, and that they
Date:	Installing Officer:	