

Post Revalidation and Officers Form

Page 1: Post Revalidation

Page 2: Officers Form

Page 3: Quality Post Form



AMVETS National Headquarters
4647 Forbes Boulevard

Lanham, Maryland 20706-4380
Telephone: (301) 459-9600
Toll Free: (877) 726-8387

Fax: (301) 459-7924

State: _____ Post # _____

County: _____

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Fax, email or send an Original to your Department. **Information must be submitted by Department to National Headquarters before 15 JULY 2022.**

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 _____

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: _____
1 st Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
2 nd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
3 rd 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 Department by mail (Attn.: 4969 E. McKinley Ave., Ste 207, Fresno, CA 93727), fax (to 559-688-4418), or email (to membership@amvetsca.org).

Completed form must be received on/or before July 15. We need this signed form for our records.