



# Post Revalidation & Officers 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 _____
AMVETS Post # _____
City _____
County _____

Please type or print legibly. Complete all applicable blocks on both sides of this form. Prepare 3 copies of form (for Post, Department and National files). Completed form must be received at National Headquarters **PRIOR TO JULY 15.**

## OFFICIAL CONTACT

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

## MEMBERSHIP

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

Meeting Night(s) & Time(s): \_\_\_\_\_ Check one:  Meeting location  Post Home address  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Post Telephone # ( ) \_\_\_\_\_ Post Website or E-mail: \_\_\_\_\_

IRS Employer ID#	Fiscal Year ends (date):	Fiscal Year: 20__ - 20__
Bank Account#	Bank:	Annual Dues \$ _____ Life \$ _____

Gross Revenue  Under \$25,000  Over \$25,000 *The Post is not required to send a copy of IRS Form 990 to Headquarters, but must still file with the IRS in order to maintain tax-exempt status.*

- Check one (per National Bylaws, Article VII):
- No Post home
  - Facility owned or leased—maintained primarily for meeting purposes (requires \$100,000 Certificate of Insurance)
  - Facility with clubroom (requires Articles of Incorporation, Certificate of Corporate Good Standing (i.e. any annual non-profit corporation report required by state government) and \$300,000 Certificate of Insurance, with current copies of each on file at National Headquarters)

- Check one (status of Post Constitution & Bylaws):
- Have been reviewed annually, but not amended since (year) \_\_\_\_\_, and are on file at Department and National
  - Have been amended within the past year and approved by the Department Judge Advocate prior to submission

## POST REVALIDATION CERTIFICATION

I certify that AMVETS Post # \_\_\_\_\_ has complied 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 \_\_\_\_\_

**Rev. April 2003: previous versions of this form are obsolete and will not be accepted.**

TITLE & NAME	MAILING ADDRESS	PHONE #s
Commander:		W: ( )
		H: ( )
	E-mail:	F: ( )
1 <sup>st</sup> Vice:		W: ( )
		H: ( )
	E-mail:	F: ( )
2 <sup>nd</sup> Vice:		W: ( )
		H: ( )
	E-mail:	F: ( )
Adjutant:		W: ( )
		H: ( )
	E-mail:	F: ( )
Finance Officer:		W: ( )
		H: ( )
	E-mail:	F: ( )
Judge Advocate:		W: ( )
		H: ( )
	E-mail:	F: ( )
Provost Marshal:		W: ( )
		H: ( )
	E-mail:	F: ( )
Service Officer:		W: ( )
		H: ( )
	E-mail:	F: ( )
Chaplain:		W: ( )
		H: ( )
	E-mail:	F: ( )
Trustee (for clubroom):		W: ( )
		H: ( )
	E-mail:	F: ( )
Trustee (for clubroom):		W: ( )
		H: ( )
	E-mail:	F: ( )
Trustee (for clubroom):		W: ( )
		H: ( )
	E-mail:	F: ( )
Other (per Dept/Post CBL):		W: ( )
		H: ( )
	E-mail:	F: ( )

**POST OFFICERS CERTIFICATION**

This is to certify that the officers of Post # \_\_\_\_\_ in the city of \_\_\_\_\_  
and the state of \_\_\_\_\_ have been duly installed and that they have read and subscribe  
to the AMVETS oath of office.  
Date \_\_\_\_\_ Installing Officer \_\_\_\_\_