



Revalidations are due at HQ by 15 July 2018

As soon as your elections are held (May 1-June 30th) fill out this three part form and either fax a copy to HQ at 301-459-7924, scan and email it to membersupport@amvets.org or you can mail a copy.

Page1: Revalidation

PRIMARY CONTACT - POST MAILING ADDRESS

Primary Contact: Our Web page **Nationwide Presence** has this persons phone and e-mail listed.
Post Mailing Address official post mail is sent to this address, some posts use PO Boxes.

RENEWAL CONTACT

Renewal Contact: Annual members who don't renew on line will send their checks to this address. This email is used for confirmation of online transactions. Knowledge of Excel is valuable in this position.

POST INFORMATION

Your **meeting address** and times are listed here.

All Posts are required to file with the IRS yearly in order to maintain tax-exempt status. Send a copy of the IRS acceptance to HQ.

- *The dues portion of the form must be filled out correctly for your members to be billed properly. The **Post Portion** of the dues is the **amount retained by the post.***

Sample: **\$10.00 Post** (Posts can vote to raise and lower Post dues, it is reported on this form)

\$ 5.00 Dept (Changes require a CBL amendment)

\$15.00 Nat.

\$30.00 total amount to Join AMVETS

Life Membership is \$250, the **Post Portion must be at least \$62.50, Posts or Depts. may vote to raise their portions. Dues changes must be accompanied by a CBL change.**

- **Insurance Requirement:** AMVETS HQ and your Department must be also insured on all policies. HQ and State require an **Acord 25** from your broker at each annual renewal. Have your broker email the HQ Acord 25 to hneal@amvets.org

Page 2: Officers Form

Officers Form: Before you can download your post management rosters we need to add the 4 leaders with special access in the database; Commander, 1st Vice, Adjutant and Renewal Contact. As soon as elections are held fax this form to HQ.

Page3: Quality Post Form

"Quality Post" To be recognized as a Quality Post fill out and include this form and with your revalidation.

***If you revalidate online you must also send a filled out copy of this form to HQ and your Department. We will not accept a printed copy of the online revalidation alone. We need this form for our records.**



Department Revalidation

Please type or print legibly

2018

State: _____

County: _____

Primary Contact

Primary Contact: _____ Phone: _____

E-mail: _____

Department Mailing Address: _____

City: _____ State: _____ Zip: _____

Notes: Our web page, "AMVETS Near You" lists this person's information. Official department mail is also sent to this address.

Renewal Contact

Renewal Contact: _____ Phone: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Notes: Annual members who don't renew online will send their checks to this address. This email is used for confirmation of online transactions. Knowledge of Microsoft Excel is valuable in this position.

Department Address

Address: _____

City: _____ State: _____ Zip: _____

Department Website: _____ Email: _____

Administrative

990 file date: _____ EIN Number (IRS): _____

(include IRS acceptance letter)

Annual Dues (portion retained at Dept): \$ _____ Life Dues (portion retained at Dept): \$ _____

- No Department Headquarters.
- Department HQ carries all insurance required by state law and Article IX, sect. 8(b) with HQ also insured.
- Acord 25 emailed to membersupport@amvets.org by broker on renewal policy.
- Department Constitution & Bylaws have been reviewed, but not amended.
- Department Constitution & Bylaws are amended, approved by National Judge Advocate, and forwarded to HQ.

Notes: All Departments are required to file with the IRS yearly in order to maintain tax-exempt status. AMVETS HQ must also be insured on all policies. HQ requires an Acord 25 from your broker at each annual renewal. Have your broker email the Acord 25 to our membership director at: hneal@amvets.org.

I certify that AMVETS Department of _____ complies with all AMVETS constitutional requirements, as well as all local, state and federal laws and statutes.

Date: _____ Signature of Department Commander: _____

Date: _____ Signature of Department Executive Director: _____

Officers Form

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: _____	Work: _____ Home: _____ Cell: _____
Executive Director: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
1st Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
3rd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Adjutant: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Public Relations Officer: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Finance: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____

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 Headquarters by mail (Attn.: Membership 4647 Forbes Blvd. Lanham, MD 20706), fax (to 301-459-7924), or email (to membersupport@amvets.org). **Send a copy of all forms to your department.** Completed form must be received by July 15. If you revalidate online you must also send a filled out copy of this form to Headquarters. We will not accept a printed copy of the online revalidation alone. We need this signed form for our records.