Department Revalidation Form

IMPORTANT REVALIDATION INFORMATION

The revalidation process should be completed online by the Post/DeptOfficers who have special access by going to www.amvets.org andaccessing the Members Access HOME link on the left hand side of thepage. This makes the process both easier and immediate.

NOTE: To be eligible for a Quality Post/Dept Distinction, it is mandatory that you also complete the Quality Post/Dept Distinction Form and mail it with your revalidation paperwork. This form is available on-line at www.amvets.org/resources/download_forms.html.

If you use the Revalidation Form **you must use the form dated 2010** at the bottom of each page.

Prior year forms are obsolete and will not be accepted.

Mail a copy of the completed form to headquarters to receive your Revalidation Certificate; posts will also need to send a copy to the department. You can print off each page of the Online Revalidation, signand mail to Headquarters or you must complete and mail the current Revalidation Form. To be eligible for the Quality Post/Dept Distinction include completed form with the revalidation paperwork.

WARNING

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.***

Changes in dues received after July 15th,
will not beprocessed till the second dues billing cycle.

If you should require any further information, please feel free to contact the Membership Director at 301-683-4020 or by email at: pledwell@amvets.org

Department Revalidation and Officers Form

Page 1: Post Revalidation Page 2: 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:_____

Membership Year:_____

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Prepare 3 copies; one for Post, one to mail to Dept., and one to mail to National. ****Completed form must be received*** at National Headquarters **PRIOR TO JULY 15.**

OFFICAL DEPARTMENT CONTACT

Send Department Mail To (Name):_____Work (____)_____

Address:_____Home (____)_____

City,State,Zip:_____FAX (____)_____

E-mail Address:_____

PLEASE TYPE OR PRINT LEGIBLY

MEMBERSHIP RENEWAL CONTACT

Renewal Contact for MAL (Name):_____Title_____

Address:_____Phone (____)_____

City,State,Zip:_____FAX (____)_____

E-mail Address:_____

DEPARTMENT ADDRESS

Department Adress :_____Work (____)_____

Address:_____Home (____)_____

City,State,Zip:_____FAX (____)_____

Dept. E-mail:_____ Dept. Web-site:_____

Dept. Portion of MAL Dues Amount: $_____ *Department Portion of Annual Dues: $_____

*Department Portion of Life Dues: $_____

***Portion of dues retained only by Dept. *Member dues billing is calculated on Dept. + Post + National Portion**

*** * * All Posts are now required to file with the IRS yearly in order to maintain tax-exempt status. * * ***

Ein Number (IRS)_____	Fiscal Year ends (date):_____

This is to certify that the Department is incorporated in accordance with state law and Article IX, Section 8(c) of Nationa Constitution and that current copies of Articles of Incorporation and Certificates of Corporate Good Standing (i.e. any annual non-profit corporation report required by state government) are on file at National

Check one:

- ☐ No Department Headquarters
- ☐ The Department Headquarters carries all insurance required by state law and by Article IX, Section 8(b) of AMVETS National Constitution, including a minimum of $300,000 liability, with current copies on file at National
- ☐ Have been reviewed annually, but not amended since (year) _____, and are on file at National Headquarters
- ☐ Amended copy is attached for review and approval by the National Judge Advocate

DEPARTMENT REVALIDATION CERTIFICATION

We certify that AMVETS Department of _____ has complied with all local, state and federal laws and statutes in the operation of the Department and its facilities, has a minimum of 5 Posts and the required number of members in good standing, is fully paid up in all Department accounts with National Headquarters and is in compliance with all provisions of AMVETS National Constitution, Article IX, Section 8.

_____ _____

Department Commander / Date Department Executive Director / Date

REVISED January 2010: previous versions of this form are obsolete and will not be accepted.

AMVETS Department of _____

TITLE & NAME	MAILING ADDRESS	PHONE #
Commander: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
1st Vice: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
Executive Director: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
Finance Officer: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
Judge Advocat: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
Provost Marshal: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
Service Officer: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
Chaplain: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
N.E.C.: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
Alternate N.E.C.: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
Public Relations Officer: _____ Member Number: _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____
Other(per Dept/Post CBL) _____	Address: _____ _____ E-mail: _____	W: (___) _____ H: (___) _____ F: (___) _____

DEPARTMENT OFFICERS CERTIFICATION

This is to certify that the officers of the Department of _____have been duly installed and that they have read and subscribe to the AMVETS oath of office.

Date_____Installing Officer_____

Revised January 2010: previous versions of this form are obsolete and will not be accepted.

QUALITY DEPT. DISTINCTION

- COLUMN (A) - ACHIEVEMENTS FOR PAST YEAR DETERMINES ELIGIBILITY
- COLUMN (B) - COMMITMENTS FOR NEXT YEAR

Department must achieve **all five** items to qualify as a National Quality Department.

Dept. _____ National Dist. _____

Headquarters City _____ State _____

(A) Past Year (B) Coming Year Mark yes (Y) or no (N) in the space provided for each item.

1. ___ ___ **On-Time Revalidation** - The Department will complete its revalidation by 15 July each year.

2. ___ ___ **Membership** - We will renew our Department with an equal or greater number of members over a year ago. (June to June)
   _____ Number of members paid last year. (Current year expiring.) (Annual & Life)
   _____ Total number of renewing and new members paying this year. (Annual & Life)

3. ___ ___ **Programs Reporting** - Department will submit reports for all Posts filing "paper" reports and achieve 50% or greater of its Posts submitting reports for June and December of the preceding year.

4. ___ ___ **National Programs** - We will/have participate(d) in three or more of the following.
   Place a (Y) in front of each Program your Department will participate in:
   ___Americanism Youth Contests ___Freedoms Foundation ___ Scholarships ___ROTC Medal Program ___AADAA Youth Contests ___VAVS

5. ___ ___ **Submit Entry For One Or More National Awards Programs** - We will/have enter(d) one or more of the following. Place a (Y) in front of each Award submittal you have submitted or will by the due date.
   ___ Americanism Awards ___ The Paul Welsch Community Service Award
   ___ Special Olympics Award ___ ROTC Medal Award

Achieved National Quality Department Award for the past charter year. (A) ___Yes ___No

_____ _____
Date Dept. Commander