



## POST Revalidation Form

### IMPORTANT REVALIDATION INFORMATION

The revalidation process should be completed online by the Post/Dept Officers who have special access by going to [www.amvets.org](http://www.amvets.org) and accessing the Members Access HOME link on the left hand side of the page. 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](http://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, sign and 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 be processed 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](mailto:pledwell@amvets.org)

# Post 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: \_\_\_\_\_ Post# \_\_\_\_\_  
Membership Year: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_

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.**

## OFFICIAL CONTACT

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

PLEASE TYPE OR PRINT LEGIBLY

## RENEWAL CONTACT

Send Renewals to: \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY

## POST INFORMATION

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

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

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

Bank: _____	Ein Number (IRS) _____	Fiscal Year: 20____ - 20____
<b>*Dues amount is Post Portion of Dues ONLY (Do not include Department and Headquarter dues below)</b>		
<b>* Annual Dues (post portion) Only: \$</b> _____		<b>* Life Dues (post portion) Only: \$</b> _____

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 \_\_\_\_\_

TITLE & NAME	MAILING ADDRESS	PHONE #
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Commander: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

1st Vice: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

2nd Vice: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

Adjutant: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

Finance Officer: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

Judge Advocat: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

Provost Marshal: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

Service Officer: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

Chaplain: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

Trustee: _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

PRO: (per Dept/Post CBL) _____	Address: _____ _____	W: (____) _____ H: (____) _____ F: (____) _____
Member Number: _____	E-mail: _____	

**PLEASE TYPE OR PRINT LEGIBLY**

**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 \_\_\_\_\_

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



# QUALITY POST DISTINCTION

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

Post must achieve (4) of the (6) items to qualify as a National Quality Post.  
Three starred (\*) items are required, plus one additional item = (4) total.

Post No. \_\_\_\_\_ Dept. \_\_\_\_\_ Dist. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(A) (B)

Past Year    Coming Year

Mark yes (Y) or no (N) in the space provided for each item.

- \* 1. \_\_\_ \_\_\_ **On-Time Revalidation** - Our Post will complete its revalidation before July 15, each year.
- \* 2. \_\_\_ \_\_\_ **Membership** – Our Post will renew 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 Submissions/Forms** - Our Post submitted reports to our Department/National for June and December of the preceding year.
4. \_\_\_ \_\_\_ **Community Service Programs** - We have/will conduct a minimum of **two** service programs a year. Place a date in front of each Program conducted: \_\_\_\_\_ Homeless Veterans \_\_\_\_\_ White Clover \_\_\_\_\_ Blood Donor \_\_\_\_\_ Bone Marrow and Organ & Tissue Donor Awareness \_\_\_\_\_ Special Olympics \_\_\_\_\_ Child Abuse Awareness \_\_\_\_\_ Scouting \_\_\_\_\_ Task Force DVD \_\_\_\_\_ Habitat for Humanity \_\_\_\_\_ Color Guard \_\_\_\_\_ Veterans History Project \_\_\_\_\_ Support for Our Troops/NG \_\_\_\_\_ Other \_\_\_\_\_
5. \_\_\_ \_\_\_ **National Programs** we have/will participate in **one** or more of the following.  
Place a (Y) in front of each Program your post will participate in: \_\_\_ Americanism School Contests  
\_\_\_ Freedoms Foundation \_\_\_ Scholarship \_\_\_ ROTC \_\_\_ AADAA \_\_\_ VAVS
6. \_\_\_ \_\_\_ **Submit Entry For One Or More National Awards Programs** We will enter **one** or more of the following. Place a (Y) in front of each Award submittal you have/will plan to make.  
\_\_\_ Americanism Awards \_\_\_ The Robert Gomulinski Community Service Award \_\_\_ ROTC Award  
\_\_\_ Special Olympics Award \_\_\_ AADAA Award

Achieved National Quality Post Award for the past charter year. (A) \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Post Commander