



## Revalidations are due at HQ by 15 July 2017

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

### Page1: Revalidation

#### PRIMARY CONTACT - POST MAILING ADDRESS

**Primary Contact:** Our Web page **Find a Post** 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](mailto: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, 1<sup>st</sup> 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.**

# 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 a copy to HQ and your Department. **Completed form must be received** at National Headquarters **before 15 JULY 2017**.

## 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. \*\*\***  
**\* Include a copy of your 990 Acceptance letter from IRS**

990 file date: _____	EIN Number (IRS) _____	Fiscal Year: 2016-2017
<b>* Dues amount must be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED ON POST PORTION+NLT+DEPT)</b>		
<b>* Annual Dues:</b> *Portion of Dues retained at Post * Post Portion:\$ _____	<b>* Life Dues:</b> *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 \_\_\_\_\_

## 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 hneal@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.



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

- \* 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