



Department 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 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.

If you use the Revalidation Form **you must use the form dated 2012** 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: hneal@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.**

OFFICIAL 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 Address : _____ 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 National 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 _____

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 2012: 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) (B)

Past Year 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