

AMVETS RIDERS CHAPTER OFFICERS RECORD

Part 1: Chapter Record Part 2: Officers Form



AMVETS RIDERS
P.O. Box 495
Worthington, PA 16262
Phone:(724) 297-3721

Dept of _____
Chapter _____
Membership Year: _____
Date Submitted _____

Please type or print legibly all applicable blocks on all pages of form. Make 3 copies of form 3, Retain 1 copy,mail 1 copy to the Department, and 1 copy to National. Completed form must be received at National Headquarters **PRIOR TO JULY 15.**

OFFICIAL CONTACT

Send Chapter Mail To: _____ Work (____) _____
Address: _____ Home (____) _____
City, State, Zip: _____ FAX (____) _____
E-Mail Address: _____ Dept Website or Email: _____

MEMBERSHIP RENEWAL CONTACT

Renewal Contact for MAL: _____ Title _____
Address: _____ Phone (____) _____
City, State, Zip: _____ Fax (____) _____
E-mail Address: _____

IRS Employer ID# _____ Fiscal Year ends (date): _____
Bank Account# _____ Bank: _____
Gross Revenue Under \$25,000 *The Department is not required to send a copy of IRS Form 990 to Headquarters, but must still file with the IRS in order to maintain tax-exempt status.*
Over \$25,000

This is to certify that the Chapter is incorporated in accordance with the state law and Article XXI of the AMVETS National Constitution.

Check One:

No Chapter Headquarters

The Chapter Headquarters carries all insurance required by state law and by Article IX, Section 8(b) of AMVETS National Constitution, including a minimum of \$100,000 liability, with current copies on file at National.

Check One (status of Chapter Bylaws):

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.

CHAPTER REVALIDATION CERTIFICATION

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

Chapter President/ Date

Chapter Secretary/ Date

