



## Revalidations are due at HQ by July 15th 2025

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 and email it to [membersupport@amvets.org](mailto:membersupport@amvets.org) or you can mail a copy.

### Page1: Revalidation

#### PRIMARY CONTACT - POST MAILING ADDRESS

**Primary Contact:** Our Web page **Nationwide Presence** 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.

(at minimum) \$30.00 total amount to Join AMVETS

Life Membership is \$500, for those members age up to and including 55, ages 56 through and including 65 will be \$400 and those 66 and over \$300. The **Post Portion must be at least 25%, Posts or Depts and may vote to raise their portions. 50% shall be forwarded to National Headquarters. Dues changes must be accompanied by a CBL change. \*ALL Dues are nonrefundable.\***

- **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 [membersupport@amvets.org](mailto:membersupport@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 Capital Region HQ  
3311 Hubbard Rd  
Landover, MD 20785  
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 JULY 15th**.

## 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. \*\*\***

**\* Dues amount must be filled in, \*Post Portion of Dues only (INVOICES WILL BE CALCULATED ON POST PORTION+NTL+DEPT)**

**\* Annual Dues:** \*Portion of Dues retained at Post

**\* Post Portion:\$** \_\_\_\_\_

**\* Life Dues:** \*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: _____ _____	Phone: _____
1st Vice: _____ Member Number: _____	Address: _____ _____ Email: _____ _____	Phone: _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____ _____	Phone: _____
3rd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____ _____	Phone: _____
Adjutant: _____ Member Number: _____	Address: _____ _____ Email: _____ _____	Phone: _____
Public Relations Officer: _____ Member Number: _____	Address: _____ _____ Email: _____ _____	Phone: _____
Finance: _____ Member Number: _____	Address: _____ _____ Email: _____ _____	Phone: _____
SEC Rep: _____ Member Number: _____	Address: _____ _____ Email: _____ _____	Phone: _____

## 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 [membersupport@amvets.org](mailto:membersupport@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 & QUALITY DEPARTMENT DISTINCTION AWARD

## INSTRUCTIONS TO APPLY

*Quality Posts & Departments = Membership Retention*

Throughout the year, AMVETS members work diligently to obtain and retain members, provide services to veterans and their communities.

As a result of this effort, AMVETS Programs Department makes available to its Posts and Departments the opportunity to show off their activities, both membership and programs related.

AMVETS National Programs Department has implemented an online process for the Posts and Departments to apply for this distinction.

The process is easy; just answer the questions and receive an autoscore (grading is shown on application), which will help determine whether your post or department is Quality. The AMVETS National Programs Department will verify all information submitted.

Just go to [www.amvets.org/qualityposts](http://www.amvets.org/qualityposts) webpage and click on

**APPLY ONLINE**

to take you to the application site.

Direct questions to [Programs@amvets.org](mailto:Programs@amvets.org) with 'Quality Award'  
in the subject line.