



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 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

Post Revalidation and Officers Form

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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____
* Dues amount must be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED ON POST PORTION+NLT+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-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: (____) _____
Member Number: _____	E-mail: _____	F: (____) _____

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

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

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

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

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

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

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

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

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

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

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 March 2012 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