



FILL IN ALL BLANKS

IRS 990 TAX FORM FILED: \_\_\_\_\_

ELECTION DATE: \_\_\_\_\_

INSTALLATION DATE: \_\_\_\_\_

INSTALLING OFFICERS SIGNATURE:

\_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONSTITUTION AND BY-LAWS:

APPROVED BY NATIONAL \_\_\_\_\_

DATE \_\_\_\_\_

REVISED DATE: \_\_\_\_\_

IF NO CHANGES IN THE PAST YEAR

SIGNATURE OF SADDEST: \_\_\_\_\_

DONATIONS TO THE NATIONAL NURSES SCHOLARSHIP FUND? YES \_\_\_ NO \_\_\_

AMOUNT \_\_\_\_\_

MAKE IN TRIPLICATE

1. SEND ORIGINAL TO THE NATIONAL DEPARTMENT OF SAD SACKS
2. SEND SECOND TO THE STATE DEPARTMENT OF SAD SACKS
3. KEEP THE THIRD FOR YOUR UNITS RECORDS

NATIONAL OFFICE ADDRESS

TIM TUTTLE

STATE SAD SACKS ADM. DIR.

314 E. BERKLEY AVE.

MUNCIE, IN. 47303-1214

# AMVETS Sad Sacks

SACK NUMBER \_\_\_\_\_

CITY \_\_\_\_\_

STATE/ZIP \_\_\_\_\_

SADDEST TELEPHONE NUMBER \_\_\_\_\_

AREA CODE \_\_\_\_\_

DATE SENT \_\_\_\_\_



**LOCAL SACK  
CHANGE OF OFFICERS FORM**

THIS FORM MUST BE SUBMITTED  
WITHIN 10 DAYS OF ANY ELECTION  
OR ANY CHANGE OF OFFICE

TITLE	NAME	MAILING ADDRESS	CITY, STATE, ZIP
SADDEST			
ALMOST			
ALMOST BUT NOT QUITE			
FEATHERS			
MONEY-BAGS			
SQUIRE			
HOUSEGOW			
GRABBIEST			
NOSEYEST			
CUT-UP			
WORM			
SOLEMNEST			
SEND ALL MAIL TO:			

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_