

Post Revalidation & Officers 2-Part Form

Part 1: Post Revalidation

Part 2: Officers Form



AMVETS Department of Ohio
1395 E. Dublin Granville Rd. Suite 222
Columbus, Ohio 43229
Telephone: (614) 431-6990
Toll Free: (800) 642-6838
Fax: (614) 431-6991

State OHIO Post # _____
Membership Year _____
City _____
County _____

PLEASE TYPE OR PRINT LEGIBLY. Complete all applicable blocks on this form. Completed form must be received at **Department** Headquarters **PRIOR TO JULY 1.**

OFFICIAL CONTACT

Send Post Mail To: _____ Home () _____
Address: _____ Work () _____
City, State, Zip: _____ FAX () _____
E-mail Address: _____ Cell () _____

RENEWAL CONTACT

*It is
HIGHLY
RECOMMENDED
that if you have a
Post Home, all
renewals use
that address.*

Send Renewals To: Attn: _____ Home () _____
Address: _____ Work () _____
City, State, Zip: _____ FAX () _____
E-mail Address: _____ Cell () _____

POST INFORMATION

Meeting Schedule: _____ Check one: Meeting location only **or** Post Home address
(day) _____ Name, Address _____
(time) _____ City, State, Zip _____
Post Telephone # () _____ Post Website or E-mail: _____

*****All Posts are now required to file with the IRS yearly in order to maintain tax-exempt status.*****

Bank: _____	EIN Number: _____	Fiscal Year: 2011-2012
*Annual Dues: Post Dues \$ _____ (Post portion \$ _____)		*Life Dues: Life Dues \$200.00 (Post portion \$ <u>50.00</u>)

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 (status of Post Constitution & Bylaws):

- Our Post operates under the Uniform Post CBL of the AMVETS Department of Ohio (copy on file at National Headquarters).

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 _____

PART 2: OFFICERS FORM

Revised January 2011

Print Legibly Please!!!

NAME/ID#	MAILING ADDRESS	PHONE #s
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Commander: Address: _____ H:(_____) _____
Name: _____ City/State/Zip: _____ W:(_____) _____
Member # _____ E-mail: _____ C:(_____) _____

1st Vice Commander: Address: _____ H:(_____) _____
Name: _____ City/State/Zip: _____ W:(_____) _____
Member # _____ E-mail: _____ C:(_____) _____

2nd Vice Commander: Address: _____ H:(_____) _____
Name: _____ City/State/Zip: _____ W:(_____) _____
Member # _____ E-mail: _____ C:(_____) _____

3rd Vice Commander: Address: _____ H:(_____) _____
Name: _____ City/State/Zip: _____ W:(_____) _____
Member # _____ E-mail: _____ C:(_____) _____

Adjutant: Address: _____ H:(_____) _____
Name: _____ City/State/Zip: _____ W:(_____) _____
Member # _____ E-mail: _____ C:(_____) _____

Finance Officer: Address: _____ H:(_____) _____
Name: _____ City/State/Zip: _____ W:(_____) _____
Member # _____ E-mail: _____ C:(_____) _____

Judge Advocate: Address: _____ H:(_____) _____
Name: _____ City/State/Zip: _____ W:(_____) _____
Member # _____ E-mail: _____ C:(_____) _____

Provost Marshal:
Name: _____
Member # _____

Chaplain:
Name: _____
Member # _____

Service Officer:
Name: _____
Member # _____

Trustee (1 year) clubroom only:
Name: _____
Member # _____

Trustee (2 year) clubroom only:
Name: _____
Member # _____

Trustee (3 year) clubroom only:
Name: _____
Member # _____

POST OFFICERS CERTIFICATION

This is to certify that the officers of Post # _____ in the city of _____ and the state of **OHIO** _____ have been duly installed and that they have read and subscribe to the AMVETS oath of office.

Date _____ Installing Officer _____