

AMVETS RIDERS DEPARTMENT REVALIDATION

Part 1: Department Revalidation; Part 2: Officers Form



NATIONAL AMVETS RIDERS
First Vice Dan Macdonald
1422 Iowa Street
Cedar Falls, IA 50613
Email: dnmacdonald@aol.com

Department of _____
Membership Year _____
Date Submitted _____

Please type or print legibly all applicable sections of this form. Make 2 copies of form. Retain 1 copy. Mail 1 copy to Riders National. Completed form must be received at Riders National Headquarters **PRIOR TO JULY 15.**

OFFICIAL DEPARTMENT CONTACT

Send Department Mail To: _____ Cell: _____
Post Address: _____ Home: _____
City, State, Zip: _____ FAX: _____
Email Address: _____

MEMBERSHIP RENEWAL CONTACT

Department Membership Contact: _____ Cell: _____
Address: _____ Home: _____
City, State, Zip: _____ FAX: _____
Email Address: _____

FINANCIAL INFORMATION

EIN: _____ Fiscal Year Ends (date): _____
Bank Account #: _____ Bank: _____

_____ This is to certify that the Department is incorporated in accordance with the state law and Article IX, Section 8c of the AMVETS National Constitution. **Current 990 must be submitted with this revalidation form.**

Check One:

_____ No Department headquarters.
_____ The Department headquarters carries all insurance required by state law and by Article VII of AMVETS National Bylaws.

Check One: **Department Standard Operating Procedures/SOP**

_____ Have been reviewed annually but not amended since (year) _____ and are on file at Riders National Headquarters.
_____ Amended copy is attached for review and approval by the Riders National Judge Advocate.

CHAPTER REVALIDATION CERTIFICATION

We certify that AMVETS Riders Department 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.

Department President: _____ Date: _____

Department Secretary: _____ Date: _____



DEPARTMENT OFFICERS RECORD

AMVETS Riders Department of _____

President: _____ Cell: _____

Address: _____ Home: _____

Email Address: _____ FAX: _____

1st Vice: _____ Cell: _____

Address: _____ Home: _____

Email Address: _____ FAX: _____

2nd Vice: _____ Cell: _____

Address: _____ Home: _____

Email Address: _____ FAX: _____

Secretary: _____ Cell: _____

Address: _____ Home: _____

Email Address: _____ FAX: _____

Treasurer: _____ Cell: _____

Address: _____ Home: _____

Email Address: _____ FAX: _____

Judge Advocate: _____ Cell: _____

Address: _____ Home: _____

Email Address: _____ FAX: _____

Sergeant at Arms: _____ Cell: _____

Address: _____ Home: _____

Email Address: _____ FAX: _____

Chaplain: _____ Cell: _____

Address: _____ Home: _____

Email Address: _____ FAX: _____

DEPARTMENT OFFICER CERTIFICATION

This is to certify that the officers of the AMVETS Riders Department of _____ have been duly installed, and that they have read and subscribe to the AMVETS Riders oath of office.

Date: _____ Installing Officer: _____