



**APPLICATION FOR RIDERS CHAPTER**

NATIONAL AMVETS RIDERS  
First Vice Paul Spuhl  
1603 Ridge Bend Drive  
Glencoe, MO 63038  
Email: pspuhl@moamvetsriders.org

We the undersigned, who each are currently, a member of AMVETS, AMVETS Ladies Auxiliary or Sons of AMVETS, collectively request the issuance of an AMVETS Riders Charter for a new Chapter to be located in the city of \_\_\_\_\_ in the state of \_\_\_\_\_ in the county of \_\_\_\_\_ hereafter to be known as AMVETS Riders Chapter # \_\_\_\_.

We seek this Charter by virtue of our sincere belief that the formation of an AMVETS Riders Chapter offers an excellent opportunity to continue serving our nation so that we may help preserve our cherished American principle; so that we may organize to help veterans and others who are less fortunate than ourselves; and so that we may promote a positive image in our lives, our community, our state, our nation, and our nation.

We solemnly swear to uphold and defend the Constitution of the United States against all enemies, foreign and domestic. We willingly accept the principles of AMVETS and agree to abide by the provisions of our Riders Chapter, Department, and National Constitution and Bylaws.

Charter Members (PLEASE PRINT CLEARLY)	Parent Organization	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

We have received and reviewed the AMVETS Riders National CBL. We have held the necessary organization meetings to adopt a Chapter Constitution and Bylaws and to elect a full slate of Chapter Officers.

We have attached to this Chapter application, (1) properly processed membership applications and dues for all new AMVETS members and properly approved transfer forms for any existing AMVETS members joining this new Chapter, and (2) our properly adopted Standard Operating Procedures.

Signature of Post Commander  
\_\_\_\_\_ Date \_\_\_\_\_

Signature of Riders National President or 1<sup>st</sup> Vice President  
\_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Commander or Executive Director  
\_\_\_\_\_ Date \_\_\_\_\_

Signature of Riders National Secretary  
\_\_\_\_\_ Date \_\_\_\_\_

Signature of Riders Department President  
\_\_\_\_\_ Date \_\_\_\_\_



# AMVETS RIDERS CHAPTER ADDENDUM

Page \_\_\_\_ of \_\_\_\_

Charter Members (PLEASE PRINT CLEARLY)

Parent Organization

Signature

11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____

ATTACH ADDITIONAL SHEETS AS NEEDED

# AMVETS RIDERS CHAPTER OFFICERS RECORD

Part 1: Chapter Record; Part 2: Officers Form



NATIONAL AMVETS RIDERS  
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Department of \_\_\_\_\_  
Chapter \_\_\_\_\_  
Membership Year \_\_\_\_\_  
Date Submitted \_\_\_\_\_

Please type or print legibly all applicable sections of this form. Make 3 copies. Retain 1 copy. Mail 1 copy to the Riders Department, if applicable. Send 1 copy to Riders National.

## OFFICIAL CONTACT

Send Chapter Mail To: \_\_\_\_\_ Cell: \_\_\_\_\_  
Post Address: \_\_\_\_\_ Home: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## MEMBERSHIP RENEWAL CONTACT

Renewal Contact/Title: \_\_\_\_\_ 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 Chapter is incorporated in accordance with the state law and Article IX, Section 8c of the AMVETS National Constitution.

Check One:

- \_\_\_\_\_ No Chapter headquarters.  
\_\_\_\_\_ The Chapter headquarters carries all insurance required by state law and by Article VII of AMVETS National Bylaws.

### Standard Operating Procedures/SOP

\_\_\_\_\_ Copy is attached for review and approval by the Riders National Judge Advocate.

## CHAPTER APPLICATION CERTIFICATION

We certify that AMVETS Riders 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.

Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_  
Chapter Secretary: \_\_\_\_\_ Date: \_\_\_\_\_



## CHAPTER OFFICERS RECORD

AMVETS Riders 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: \_\_\_\_\_

### CHAPTER OFFICER CERTIFICATION

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

Date: \_\_\_\_\_ Installing Officer: \_\_\_\_\_