



## APPLICATION FOR RIDERS CHAPTER

AMVETS RIDERS FIRST VICE  
Dan Macdonald  
1422 Iowa Street  
Cedar Falls, IA 50613  
Email: dnmacdonald@aol.com

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 _____	

**Revised April 2019: Previous versions of this form are obsolete and will not be accepted.** (Attach additional pages if needed. Charter may be kept open for 60 days after forwarding to recruit additional Charter Members.)



# 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



AMVETS RIDERS FIRST VICE  
Dan Macdonald  
1422 Iowa Street  
Cedar Falls, IA 50613  
Email: dnmacdonald@aol.com

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: \_\_\_\_\_