



Revalidations are due at ILLINOIS HQ by 1 July 2018

As soon as your elections are held (May 1-June 30th) fill out this three part form and mail a copy to: Illinois AMVETS, attn: Membership, 2200 South 6th St., Springfield, IL 62703.

Page1: Revalidation

PRIMARY CONTACT - POST MAILING ADDRESS

Primary Contact: Our Web page **Nationwide Presence** has this persons phone and e-mail listed.
Post Mailing Address official post mail is sent to this address, some posts use PO Boxes.

RENEWAL CONTACT

Renewal Contact: Annual members who don't renew on line will send their checks to this address. This email is used for confirmation of online transactions. Knowledge of Excel is valuable in this position.

POST INFORMATION

Your **meeting address** and times are listed here.

All Posts are required to file with the IRS yearly in order to maintain tax-exempt status. Send a copy of the IRS acceptance to HQ.

- *The dues portion of the form must be filled out correctly for your members to be billed properly. The **Post Portion** of the dues is the **amount retained by the post.***

Sample: **\$10.00 Post** (Posts can vote to raise and lower Post dues, it is reported on this form)
 \$ 5.00 Dept (Changes require a CBL amendment)
 \$15.00 Nat.
 \$30.00 total amount to Join AMVETS

Life Membership is \$250, the **Post Portion must be at least \$62.50, Posts or Depts. may vote to raise their portions. Dues changes must be accompanied by a CBL change.**

- **Insurance Requirement:** AMVETS HQ and your Department must be also insured on all policies. HQ and State require an **Acord 25** from your broker at each annual renewal. Have your broker email the HQ Acord 25 to hneal@amvets.org

Page 2: Officers Form

Officers Form: Before you can download your post management rosters we need to add the 4 leaders with special access in the database; Commander, 1st Vice, Adjutant and Renewal Contact. As soon as elections are held fax this form to HQ.

Page3: Quality Post Form

"Quality Post" To be recognized as a Quality Post fill out and include this form and with your revalidation.

***If you revalidate online you must also send a filled out copy of this form to HQ and your Department. We will not accept a printed copy of the online revalidation alone. We need this form for our records.**

Post Revalidation and Officers Form

Page 1: Post Revalidation

Page 2: Officers Form

Page 3: Quality Post Form



AMVETS National Headquarters
 4647 Forbes Boulevard
 Lanham, Maryland 20706-4380
 Telephone: (301) 459-9600
 Toll Free: (877) 726-8387
Fax: (301) 459-7924

State: _____ Post # _____
 County: _____

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Fax, email or send a copy to Illinois HQ. **Completed form must be received** at ILLINOIS Headquarters **before 1 JULY 2018.**

PRIMARY CONTACT-Post Mailing Address

Primary Contact: _____ Phone _____
 E-mail: _____

Post Mailing Address _____
 City, State and Zip: _____

RENEWAL CONTACT

Send Renewals to: _____ Phone _____
 Address: _____
 City, State, Zip: _____
 E-mail Confirmation Contact: _____

POST INFORMATION

Meeting dates and times: _____ **Meeting Address** Phone Number _____
 _____ Address _____ City, _____ State, _____ Zip _____
 _____ Post Web-site _____ Post E-mail: _____

***** All Posts are required to file with the IRS yearly in order to maintain tax-exempt status. *****
*** Include a copy of your 990 Acceptance letter from IRS**

| | | |
|---|---|------------------------|
| 990 file date: _____ | EIN Number (IRS) _____ | Fiscal Year: 2017-2018 |
| * Dues amount must be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED ON POST PORTION+NTL+DEPT) | | |
| * Annual Dues: *Portion of Dues retained at Post * Post Portion:\$ _____ | * Life Dues: *Portion of Dues retained at Post: * Post Portion:\$ _____ | |

Check one (per National Bylaws, Article VII):

- No Post home
- Facility owned or leased for meetings requires \$300,000 Liability Insurance.
- Facility with clubroom (requires Articles of Incorporation, State Certificate of Corporate Good Standing, \$500,000 liability Insurance and a Liquor liability policy with current Acord 25 on file at National Headquarters)
- Post Constitution & Bylaws** have been reviewed, but not amended.
- Post Constitution & Bylaws** have been amended within the past year and approved by the Department JA

POST REVALIDATION CERTIFICATION

I certify that AMVETS Post # _____ complies 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 _____

Officers Form

The 5 leaders with access to the database are Commander, Executive Director, 1st Vice, Adjutant, and Renewal Contact. After elections, email or fax revalidation forms to HQ and your Department.

| | | |
|---|---|---|
| Commander: _____ Member Number: _____ | Address: _____ _____ Email: _____ | Work: _____ Home: _____ Cell: _____ |
| Executive Director: _____ Member Number: _____ | Address: _____ _____ Email: _____ | Work: _____ Home: _____ Cell: _____ |
| 1st Vice: _____ Member Number: _____ | Address: _____ _____ Email: _____ | Work: _____ Home: _____ Cell: _____ |
| 2nd Vice: _____ Member Number: _____ | Address: _____ _____ Email: _____ | Work: _____ Home: _____ Cell: _____ |
| 3rd Vice: _____ Member Number: _____ | Address: _____ _____ Email: _____ | Work: _____ Home: _____ Cell: _____ |
| Adjutant: _____ Member Number: _____ | Address: _____ _____ Email: _____ | Work: _____ Home: _____ Cell: _____ |
| Public Relations Officer: _____ Member Number: _____ | Address: _____ _____ Email: _____ | Work: _____ Home: _____ Cell: _____ |
| Finance: _____ Member Number: _____ | Address: _____ _____ Email: _____ | Work: _____ Home: _____ Cell: _____ |

Officers Certification

I certify that the officers of _____ have been duly installed and they have read and subscribe to the AMVETS oath of office.

Date: _____ Installing Officer: _____

Notes: As soon as your elections are concluded (May 1 - June 30th), fill out this form and send to Headquarters by mail (Attn.: Membership 2200 South 6th St., Springfield, IL 627003), fax (to 217-528-9896), or email (to jessica@ilamvets.org). Completed form must be received by July 1. If you revalidate online you must also send a filled out copy of this form to Headquarters. We will not accept a printed copy of the online revalidation alone. We need this signed form for our records.

SEC COMMITTEEMAN FORM

| |
|---------------------------|
| State: _____ Post # _____ |
| County: _____ |

SEC Committeemen shall be responsible for representing their respective posts at three State Executive Committee Meetings. Furthermore, these meetings will all take place in Springfield, IL in February, June, and September. Each Committeeman will receive mileage (current nonprofit government rate), per diem (\$39.00 a day) and two nights lodging. Moreover, Committeeman will be required to gather information, share information, and help sculpt the future of IL Amvets. The future of the organization is bright and with the infusion of SEC Committeeman the possibilities are limitless.

The dates for the 2018-2019 meetings are:

- September 7-9, 2018
- February 15-17, 2019
- June 7-9, 2019

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form.

SEC Committeeman: _____

Member Number: _____

Address: _____

Email: _____

Contact Numbers-

Home: _____

Cell: _____

Required Signatures:

Post Commander: _____

SEC Committeeman: _____



QUALITY POST DISTINCTION

- COLUMN (A) - ACHIEVEMENTS FOR PAST YEAR DETERMINES ELIGIBILITY
- COLUMN (B) - COMMITMENTS FOR NEXT YEAR

Post must achieve (4) of the (6) items to qualify as a National Quality Post.
Three starred (*) items are required, plus one additional item = (4) total.

Post No. _____ Dept. _____ Dist. _____

City _____ State _____

(A) (B)

Past Coming Mark yes (Y) or no (N) in the space provided for each item.
Year Year

- * 1. _____ **On-Time Revalidation** - Our Post will complete its revalidation before July 15, each year.
- * 2. _____ **Membership** –Our Post will renew with an equal or greater number of members over a year ago.
(June to June)
_____ Number of members paid last year. (Current year expiring.) (Annual & Life)
_____ Total number of renewing and new members paying this year. (Annual & Life)
- * 3. _____ **Programs Reporting Submissions/Forms** - Our Post submitted reports to our Department/National for June and December of the preceding year.
4. _____ **Community Service Programs** - We have/will conduct a minimum of **two** service programs a year. Place a date in front of each Program conducted: _____ Homeless Veterans _____ White Clover _____ Blood Donor _____ Bone Marrow and Organ & Tissue Donor Awareness _____ Special Olympics _____ Child Abuse Awareness _____ Scouting _____ Task Force DVD _____ Habitat for Humanity _____ Color Guard _____ Veterans History Project _____ Support for Our Troops/NG _____ Other _____
5. _____ **National Programs** we have/will participate in **one** or more of the following.
Place a (Y) in front of each Program your post will participate in: _____ Americanism School Contests
____ Freedoms Foundation _____ Scholarship _____ ROTC _____ AADAA _____ VAVS
6. _____ **Submit Entry For One Or More National Awards Programs** We will enter **one** or more of the following. Place a (Y) in front of each Award submittal you have/will plan to make.
____ Americanism Awards _____ The Robert Gomulinski Community Service Award _____ ROTC Award
____ Special Olympics Award _____ AADAA Award

Achieved National Quality Post Award for the past charter year. (A) _____ Yes _____ No

Date

Post Commander