



Post Revalidations are due at HQ by 15 July 2016

As soon as your elections are held (May 1-June 30th) fill out this three part form and either fax a copy to HQ at 301-459-7924, scan a copy and email it to hneal@amvets.org or you can mail a copy.

Page1: Revalidation

PRIMARY CONTACT - POST MAILING ADDRESS

Primary Contact: Our Web page **Find a Post** 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.

- 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
 \$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.**

- **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 HQ and your Department. **Completed form must be received** at National Headquarters **before 15 JULY 2016**.

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. *****

990 file date: _____	EIN Number (IRS) _____	Fiscal Year: 2015- 2016
* Dues amount must be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED ON POST PORTION+NLT+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 _____

Post Officers Form

Commander: _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
1st Vice: _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
3rd Vice: _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
Adjutant: _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
Public Relations Officer: _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____

PLEASE TYPE OR PRINT LEGIBLY

POST OFFICERS CERTIFICATION

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



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