

# AMVETS RIDERS CHAPTER REVALIDATION

Part 1: Chapter Revalidation; Part 2: Officers Form



## NATIONAL AMVETS RIDERS

First Vice Kurt Knechtle

Email: kdcons33@hotmail.com

Department of

Chapter

Membership Year

Date Submitted

Please fill in all applicable sections of this form. **Chapters** must fill out this form for Chapter Officers. Upload the completed form to the National Membership Database under the **SOP/PDF tab**. Form must be uploaded **PRIOR TO JULY 1**.

### 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.

☐ The current 990 has been submitted and verified by the Sgt at Arms in the **Compliance tab** of the National Membership Database.

Check One:

☐ No Chapter headquarters.

☐ The Chapter headquarters carries all insurance required by state law and by Article VII of AMVETS National Bylaws.

Verify: **Standard Operating Procedures/SOP**

☐ The current SOP has been uploaded by the Chapter to the National Membership Database under the SOP/PDF tab.

### CHAPTER REVALIDATION 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: