

AMVETS RIDERS DEPARTMENT REVALIDATION

Part 1: Department Revalidation; Part 2: Officers Form



NATIONAL AMVETS RIDERS

First Vice Kurt Knechtle

Email: kdcons33@hotmail.com

Department of

Membership Year

Date Submitted

Please fill in all applicable sections of this form. The **Department** must fill out this form for Department Officers. Upload the completed form to the National Membership Database under the **SOP/PDF tab**. Form must be uploaded **PRIOR TO JULY 15**.

OFFICIAL CONTACT

Send Department 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 Department 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 Department headquarters.

☐ The Department 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 Department to the National Membership Database under the SOP/PDF tab.

DEPARTMENT REVALIDATION CERTIFICATION

We certify that AMVETS Riders of has complied with all local, state, and Federal laws and statutes in the operation of the Department 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.

Department President: Date:

Department Secretary: Date:



DEPARTMENT 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: _____

DEPARTMENT 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: _____