

Post Revalidation and Officers Form 2024

State: _____ Post # _____ County: _____
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PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Mail or email a copy to Illinois HQ **by 1 JULY 2024**. If you choose to revalidate online, please email a copy of the completed online revalidation to Ashley @ ILHQ.

PRIMARY CONTACT This is usually the commander. If you have a post home, use that 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. *****

Dues amount MUST BE FILLED OUT. Only list the amount the POST retains.
* Annual 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

Information is required for: Commander, 1st Vice, 2nd Vice, Adjutant and SEC. Additional officers information may be entered at your discretion.

Commander: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
1st Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Adjutant: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
SEC: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Member Number: _____	Address: _____ _____ Email: _____	Phone: _____

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: _____