



## Revalidations are due at HQ by 15 July 2023

As soon as your elections are held (May 1-June 30<sup>th</sup>) fill out this two part form and mail **ORIGINAL** to AMVETS Department of California 4969 E. McKinley Ave., Ste. 207, Fresno, CA 93727.

### 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 DEPARTMENT.**

- Ø *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.**

- Ø **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 DEPT. your Acord 25 to [membership@amvetsca.org](mailto:membership@amvetsca.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, 1<sup>st</sup> Vice, Adjutant and Renewal Contact.** As soon as elections are held mail **ORIGINAL** to AMVETS Department of California 4969 E. McKinley Ave., Ste 207, Fresno, CA 93727

### Page3: Quality Post Form

“Quality Post” To be recognized as a Quality Post **Follow the Instructions on 3<sup>rd</sup> Form.**

# Post Revalidation and Officers Form 2023

Page 1: Post Revalidation

Page 2: Officers Form

Page 3: Quality Post Form



AMVETS Department of California  
4969 E. McKinley Ave., Ste. 207

Fresno, CA 93727  
Telephone: (559) 688-3407  
Toll Free: (877) 526-1339  
Fax: (559) 688-4418

State: \_\_\_\_\_ Post # \_\_\_\_\_

County: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Mail your **ORIGINAL** FORMS TO:  
Department of California. **Completed forms must be received** at National Headquarters **before 15 JULY 2023.**

## 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.** \*\*\*

**\* 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, mail forms to your Department.

Commander: _____ Member Number: _____ Membership Type: _____ Annual Exp. Date: _____	Address: _____ _____ Email: _____	CELL ( ) HOME ( )  Phone: _____ _____
1 <sup>st</sup> Vice: _____ Member Number: _____ Membership Type: _____ Annual Exp. Date: _____	Address: _____ _____ Email: _____	CELL ( ) HOME ( )  Phone: _____ _____
2 <sup>nd</sup> Vice: _____ Member Number: _____ Membership Type: _____ Annual Exp. Date: _____	Address: _____ _____ Email: _____	CELL ( ) HOME ( )  Phone: _____ _____
3 <sup>rd</sup> Vice: _____ Member Number: _____ Membership Type: _____ Annual Exp. Date: _____	Address: _____ _____ Email: _____	CELL ( ) HOME ( )  Phone: _____ _____
Adjutant: _____ Member Number: _____ Membership Type: _____ Annual Exp. Date: _____	Address: _____ _____ Email: _____	CELL ( ) HOME ( )  Phone: _____ _____
Public Relations: _____ Member Number: _____ Membership Type: _____ Annual Exp. Date: _____	Address: _____ _____ Email: _____	CELL ( ) HOME ( )  Phone: _____ _____
Finance: _____ Member Number: _____ Membership Type: _____ Annual Exp. Date: _____	Address: _____ _____ Email: _____	CELL ( ) HOME ( )  Phone: _____ _____
SEC Rep: _____ Member Number: _____ Membership Type: _____ Annual Exp. Date: _____	Address: _____ _____ Email: _____	CELL ( ) HOME ( )  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:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Notes:** As soon as your elections are concluded (**May 1 - June 30th**), fill out this form and **send to Dept. of Calif. by mail (Attn.: Membership 4969 E. McKinley Ave. Ste. 207, Fresno, CA 93727)**. Completed form must be received by **July 15**. If you revalidate online you must also send an ORIGINAL forms to Dept. of Calif. We will not accept a printed copy of the online revalidation alone. We need this signed form for our records.



# QUALITY POST & QUALITY DEPARTMENT DISTINCTION AWARD

## INSTRUCTIONS TO APPLY

*Quality Posts & Departments = Membership Retention*

Throughout the year, AMVETS members work diligently to obtain and retain members, provide services to veterans and their communities.

As a result of this effort, AMVETS Programs Department makes available to its Posts and Departments the opportunity to show off their activities, both membership and programs related.

AMVETS National Programs Department has implemented an online process for the Posts and Departments to apply for this distinction.

The process is easy; just answer the questions and receive an autoscore (grading is shown on application), which will help determine whether your post or department is Quality. The AMVETS National Programs Department will verify all information submitted.

Just go to [www.amvets.org/qualityposts](http://www.amvets.org/qualityposts) webpage and click on

**APPLY ONLINE**

to take you to the application site.

Direct questions to [Programs@amvets.org](mailto:Programs@amvets.org) with 'Quality Award'  
in the subject line.