Revalidations are due at HQ by July 15th 2026

As soon as your elections are held (May 1-June 30th) fill out this three part form and mail ORIGINAL to AMVETS Department of California mailing address: P.O. Box 384, Visalia, CA 93279

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.

- *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 $500., $400. or $300. the ***Post Portion must be at least $125., $100. or $75. Posts or Depts. may vote to raise their portions. Dues changes must be accompanied by a CBL change.***

- ***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 Department of California an Acord 25* ***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, 1st Vice, Adjutant and Renewal Contact****. As soon as elections are held MAIL ORIGINAL form to mailing address: P.O. Box 384, Visalia, CA 93279.*

Page 3: Quality Post Form

"Quality Post" *To be recongnized as a Quality Post fill out and include this form and with your revalidation.*

****You must send a filled-out form to Department of California. 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 Department of California
12345 Euclid Street
Garden Grove, CA 92840
Mailing address
P.O. Box 384, Visalia, CA 93279
Telephone: (559) 688-3407
Toll Free: (877) 822-6838

State: _____ Post #_____
County:_____

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

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:**$125., $100., $75.

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**_____

Revised: April 22, 2026

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:	Phone:
1st Vice: Member Number: Membership Type: Annual Exp. Date:	Address: Email:	Phone:
2nd Vice: Member Number: Membership Type: Annual Exp. Date:	Address: Email:	Phone:
3rd Vice: Member Number: Membership Type: Annual Exp. Date:	Address: Email:	Phone:
Adjutant: Member Number: Membership Type: Annual Exp. Date:	Address: Email:	Phone:
Public Relations Officer: Member Number: Membership Type: Annual Exp. Date:	Address: Email:	Phone:
Finance: Member Number: Membership Type: Annual Exp. Date:	Address: Email:	Phone:
SEC Rep: Member Number: Membership Type: Annual Exp. Date:	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: _____ 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, P. O. Box 384, Visalia, CA 93279****). A completed, dated and signed form must be received prior to July 15 to verify your Post information in in order to Revalidate your Post with National Headquarters.*

Revised: APRIL 22, 2026

QUALITY POST & QUALITY DEPARTMENT DISTINCTIONAWARD

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 webpage and click on
APPLY ONLINE
to take you to the application site.

Direct questions to Programs@amvets.org with 'Quality Award' in the subject line.

Rev. 04/23/2024