Revalidations are due to DEPT by 21 May Following Elections

As soon as your elections are held (May 1 - 14th) fill out this three part form and scan and email it to ramckern@gmail.com. Or, you can mail a copy to Richard McKern, 1598 Ruckel Drvie, Niceville, FL 32578

Page1: Revalidation

PRIMARY CONTACT - POST MAILING ADDRESS

Primary Contact: Primary contact for the Post, Name, phone and e-mail.
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 or email a copy of the IRS acceptance to ***AMVETS Department of Florida***, **1598 Ruckel Drive, Niceville, FL 32578**

- *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)$10.00 Dept (Changes require a CBL amendment)*
  $15.00 Nat.
  $35.00 total amount to Join AMVETS

Life Membership is $500 up to age 55,$400 ages 56-65, $300 ages 66 and over. the ***Post Portion must be at least 1/4 of $300,or $75.00, 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 also be a insured on all policies. HQ and State require an* ***Acord 25*** *from your broker at each annual renewal. Have your broker email the HQ Acord 25 to* ***ramckern@gmail.com*** *and* ***membersupport@amvets.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 email this form to AMVETS Department of Florida.*

Page3: Quality Post Distinction

"Quality Post" Each Post must apply online to *be recognized as a Quality Post. Get with your Department 2nd Vice on questions about the procedures.*

Revalidate online and send a filled out copy of this form to your Department Executive Director. We will not accept a printed copy of the online revalidation alone. We need this form for our records.

Revised: September, 2024

Post/District Revalidation and Officers Form

Page 1: Post Revalidation **Page 2: Officers Form** **Page 3: Quality Post Form**

AMVETS Department of Florida
1598 Ruckel Drive Nicevile, FL 32578
Telephone: (850) 855-0474
Email: ramckern@gmail.com

State: __FL_____ Post #__ District _____

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Email or send a copy to HQ and your Department. ***Completed form must be received*** at Department Headquarters **before 23 May Following Elections.**

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:$10.00** _____	*** Life Dues:** ***Portion of Dues retained at Post:** **Post Portion: at Least$75.00** _____

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, email or fax revalidation forms to HQ and your Department.

Commander: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
1st Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Finance _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Adjutant: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Judge Advocate: _____ 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: _____

Notes: *As soon as your elections are concluded (May 1st - 14th), fill out this form and email to AMVETS Department of Florida. Completed form must be received by May 23rd. You must send a filled out copy of this form to the Department of Florida. We need this signed form for our records.*

Revised: September, 2024