



SONS OF AMVETS

NATIONAL HEADQUARTERS

STATE DISTRICT CHANGE OF OFFICERS FORM

4647 FORBES BLVD.
LANHAM, MD 20706

PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES

NATSONS@SONSOFAMVETS.ORG
(301) 683-4099

DEPT.	_____	DISTRICT NO.	_____	E.I.N.	_____	PHONE	_____	DATE	_____
ADDRESS			CITY			STATE		ZIP	

OFFICIAL CONTACT PERSON:

SEND DISTRICT MAIL TO:	_____	E-MAIL	_____	HOME PHONE	_____	
ADDRESS			CITY		STATE ZIP	

DISTRICT OFFICERS FOR 20 - 20

COMMANDER	_____	CARD NO	_____	PHONE	_____	
ADDRESS			CITY		STATE ZIP	
EMAIL ADDRESS						
1 ST VICE COMDR.	_____	CARD NO	_____	PHONE	_____	
ADDRESS			CITY		STATE ZIP	
EMAIL ADDRESS						
2 ND VICE COMDR.	_____	CARD NO	_____	PHONE	_____	
ADDRESS			CITY		STATE ZIP	
EMAIL ADDRESS						
3 RD VICE COMDR.	_____	CARD NO	_____	PHONE	_____	
ADDRESS			CITY		STATE ZIP	
EMAIL ADDRESS						
ADJUTANT	_____	CARD NO	_____	PHONE	_____	
ADDRESS			CITY		STATE ZIP	
EMAIL ADDRESS						
FINANCE OFFICER	_____	CARD NO	_____	PHONE	_____	
ADDRESS			CITY		STATE ZIP	
EMAIL ADDRESS						
JUDGE ADVOCATE	_____	CARD NO	_____	PHONE	_____	
ADDRESS			CITY		STATE ZIP	
EMAIL ADDRESS						
PROVOST MARSHAL	_____	CARD NO	_____	PHONE	_____	
ADDRESS			CITY		STATE ZIP	
EMAIL ADDRESS						

MUST BE SUBMITTED NO LATER THAN 7 DAYS PRIOR TO STATE DEPARTMENT CONVENTION

DISTRICT APPOINTED OFFICERS:

CHAPLAIN _____	CARD NO _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____			
PUBLIC RELATIONS _____	CARD NO _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____			
HISTORIAN _____	CARD NO _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____			
IMM. PAST COMDR. _____	CARD NO _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____			

DISTRICT INFORMATION:

MEETING DATE(S) The State District Sons of AMVETS shall meet in convention at the same time and place as our Parent organization - AMVETS. This includes State Conventions and all State SEC'S/Conferences			
ANNUAL DUES: _____ (ANNUAL DUES FOR SONS OF AMVETS SHALL BE NO LESS THAN THEIR SPONSORING AMVET LEVEL)			
WEBSITE _____			
DISTRICT INCOME: <input type="checkbox"/> UNDER \$50,000 <input type="checkbox"/> OVER \$50,000, UNDER \$200,000 <input type="checkbox"/> OVER \$200,000			
(CHECK ONE) (IF INCOME IS OVER \$200,000, THE DISTRICT MUST FILE IRS FORM 990 WITH THE IRS. IF INCOME IS OVER\$50,000 BUT UNDER \$200,000, THE DISTRICT MUST FILE IRS FORM 990-EZ WITH THE IRS. IF INCOME IS UNDER \$50,000, IRS FORM 990-N E-POSTCARD IS REQUIRED. A COPY OF FORM 990 OR 990-EZ MUST BE FORWARDED TO SONS OF AMVETS NATIONAL HEADQUARTERS.)			
NAME OF BANK _____		ACCOUNT NUMBER _____	
BONDED ? <input type="checkbox"/> YES <input type="checkbox"/> NO.	FISCAL YEAR: 20 _____		- 20 _____
ALL DISTRICTS SHALL USE THE NATIONAL CONSTITUTION AND BYLAWS			
DISTRICT STANDING RULES. (CHECK ONE)			
<input type="checkbox"/> DO NOT HAVE ANY STANDING RULES.			
<input type="checkbox"/> DO HAVE AND ARE ON FILE WITH THE STATE & NATIONAL HEADQUARTERS.			
<input type="checkbox"/> HAVE BEEN AMENDED. ALL NEW AND AMENDED STANDING RULES MUST BE REVIEWED AND APPROVED BY THE SONS DEPARTMENT JUDGE ADVOCATE PRIOR TO SUBMITTING TO SONS OF AMVETS NATIONAL HEADOUARTERS.			

ELECTION, INSTALLATION AND CERTIFICATION

I HEREBY CERTIFY THAT THE OFFICERS OF SONS OF AMVETS DISTRICT NO. _____, DEPARTMENT OF _____, HAVE BEEN DULY ELECTED AND INSTALLED FOR THE YEAR 20 _____ - 20 _____ AND THAT THEY HAVE READ AND DO SUBSCRIBE TO THE SONS OF AMVETS OATH OF OFFICE, WHICH READS AS FOLLOWS:			
I, _____, SOLEMNLY SWEAR, THAT I WILL SUPPORT AND DEFEND THE CONSTITUTION OF THE UNITED STATES, THAT I WILL DEFEND AND SUPPORT THE UNITED STATES FROM ALL ENEMIES, BOTH FROM WITHIN AND WITHOUT AND THAT I WILL SUPPORT AND OBEY THE CONSTITUTION OF THE SONS OF AMVETS AND THAT I WILL CARRY OUT THE DUTIES OF MY OFFICE TO THE BEST OF MY ABILITY, SO HELP ME GOD.			
DATE _____	SIGNATURE OF INSTALLING OFFICER _____	TITLE _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____
DIST. SONS COORDINATOR (PRINT) _____		PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____			