



SONS OF AMVETS

NATIONAL HEADQUARTERS DEPARTMENT CHANGE OF OFFICERS FORM

PO Box 1260

NATSONS@SONSOFAMVETS.ORG

HYATTSVILLE, MD 20785

PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES

(301) 683-4099

DEPT. _____	E.I.N. _____	PHONE _____	DATE _____
ADDRESS _____		CITY _____	STATE _____ ZIP _____

DEPARTMENT OFFICIAL CONTACT:

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

DEPARTMENT 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 BY JULY 1

CHAPLAIN _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
VAVS COORD. _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
COMMUNICATIONS DIRECTOR _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
IMM. PAST COMDR. _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
NATL. EXEC. COM. _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		

DEPARTMENT INFORMATION:

MEETING DATE(S) The State 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

STATE DUES: _____ WEBSITE _____

DEPARTMENT INCOME: UNDER \$50,000 OVER \$50,000, UNDER \$200,000 OVER \$200,000

(CHECK ONE) (IF INCOME IS OVER \$200,000, THE DEPARTMENT MUST FILE IRS FORM 990 WITH THE IRS. IF INCOME IS OVER \$50,000 BUT UNDER \$200,000, THE DEPARTMENT 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 ? YES NO FISCAL YEAR: 20 _____ - 20 _____

ALL DEPARTMENTS SHALL USE THE NATIONAL CONSTITUTION AND BYLAWS

DISTRICT STANDING RULES. (CHECK ONE)

DO NOT HAVE ANY STANDING RULES.

DO HAVE AND HAVE NOT BEEN CHANGED, ALTERED OR AMENDED AND ARE ON FILE AT NATIONAL HEADQUARTERS

HAVE BEEN AMENDED. A COPY MUST BE SUBMITTED TO NATIONAL HEADQUARTERS FOR APPROVAL.

ELECTION, INSTALLATION AND CERTIFICATION

I HEREBY CERTIFY THAT THE OFFICERS OF SONS OF AMVETS, 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 _____
DEPT, SONS COORDINATOR (PRINT) _____		PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____			