



# SONS OF AMVETS

## NATIONAL HEADQUARTERS

### DEPARTMENT REVALIDATION 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<br>MAIL TO: | _____ | E-MAIL | _____ | HOME<br>PHONE | _____ |     |       |
| ADDRESS          | _____ | CITY   | _____ | STATE         | _____ | ZIP | _____ |

### DEPARTMENT OFFICERS FOR 20 - 20

|                             |       |         |       |       |       |     |       |
|-----------------------------|-------|---------|-------|-------|-------|-----|-------|
| COMMANDER                   | _____ | CARD NO | _____ | PHONE | _____ |     |       |
| ADDRESS                     | _____ | CITY    | _____ | STATE | _____ | ZIP | _____ |
| EMAIL ADDRESS               |       |         |       |       |       |     |       |
| 1 <sup>ST</sup> VICE COMDR. | _____ | CARD NO | _____ | PHONE | _____ |     |       |
| ADDRESS                     | _____ | CITY    | _____ | STATE | _____ | ZIP | _____ |
| EMAIL ADDRESS               |       |         |       |       |       |     |       |
| 2 <sup>ND</sup> VICE COMDR. | _____ | CARD NO | _____ | PHONE | _____ |     |       |
| ADDRESS                     | _____ | CITY    | _____ | STATE | _____ | ZIP | _____ |
| EMAIL ADDRESS               |       |         |       |       |       |     |       |
| 3 <sup>RD</sup> 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

REV 10/2025

SEND COPY TO: NATIONAL SONS OF AMVETS HEADQUARTERS

|                               |               |                       |
|-------------------------------|---------------|-----------------------|
| 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:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>MEETING DATE(S)</b> 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: <input type="checkbox"/> UNDER \$50,000 <input type="checkbox"/> OVER \$50,000, UNDER \$200,000 <input type="checkbox"/> OVER \$200,000<br>(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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FISCAL YEAR: 20 _____ - 20 _____ |
| ALL DEPARTMENTS SHALL USE THE NATIONAL CONSTITUTION AND BYLAWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
| DEPARTMENT STANDING RULES. (CHECK ONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |
| <input type="checkbox"/> DO NOT HAVE ANY STANDING RULES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |
| <input type="checkbox"/> DO HAVE AND HAVE NOT BEEN CHANGED, ALTERED OR AMENDED AND ARE ON FILE AT NATIONAL HEADQUARTERS                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |
| <input type="checkbox"/> 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 _____                                                                                                                                                                                                                                                                                                                                                  |                                        |             |             |

\*INSTALLING OFFICER MUST BE AN ELIGIBLE INDIVIDUAL NOT INCLUDED ON THIS FORM

\*\*DEPT. SONS COORDIATOR MUST BE AN AMVET APPOINTED BY THE DEPT. AMVETS COMMANDER