



PO BOX 1260

HYATTSVILLE, MD 20785

SONS OF AMVETS

NATIONAL HEADQUARTERS

DEPARTMENT REVALIDATION FORM

NATSONS@SONSOFAMVETS.ORG

(301) 683-4099

PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES

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

1ST VICE COMDR. _____ CARD NO _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS

2ND VICE COMDR. _____ CARD NO _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS

3RD 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:

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:	<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 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

ALL DEPARTMENTS SHALL USE THE NATIONAL CONSTITUTION AND BYLAWS

DEPARTMENT 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, WHCH 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 COORDINATOR MUST BE AN AMVET APPOINTED BY THE DEPT. AMVETS COMMANDER