



SONS OF AMVETS

NATIONAL HEADQUARTERS

STATE DISTRICT REVALIDATION FORM

PO BOX 1260

HYATTSVILLE, MD 20785 20706

NATSONS@SONSOFAMVETS.ORG

PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES

(301) 683-4099

DEPT. _____ DISTRICT NO. _____ E.L.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 _____

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 NO LATER THAN 7 DAYS PRIOR TO STATE DEPARTMENT CONVENTION

DISTRICT APPOINTED OFFICERS:

CHAPLAIN _____	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 _____		

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 HEADQUARTERS.	

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 _____			

INSTALLING OFFICER MUST BE AN ELIGIBLE INDIVIDUAL NOT INCLUDED ON THIS FORM***DISTRICT SOA COORDINATOR MUST BE AN AMVET APPOINTED BY THE AMVETS DISTRICTCOMMANDER**