



SONS OF AMVETS

NATIONAL HEADQUARTERS

SQUADRON CHANGE OF OFFICERS FORM

PO Box 1260
HYATTSVILLE, MD 20785

NATSONS@SONSOFAMVETS.ORG

PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES

(301) 683-4099

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

OFFICIAL CONTACT PERSON

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

SQUADRON 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

SQUADRON 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 _____			

SQUADRON INFORMATION:

MEETING DATE(S) _____		TIME _____	LOCATION _____
ANNUAL DUES: _____ (ANNUAL DUES FOR SONS OF AMVETS SHALL BE NO LESS THAN THEIR SPONSORING AMVET LEVEL)			
WEBSITE _____			
SQUADRON INCOME: <input type="checkbox"/> UNDER \$50,000 <input type="checkbox"/> OVER \$50,000, BUT UNDER \$200,000 <input type="checkbox"/> OVER \$200,000			
(CHECK ONE) (IF INCOME IS OVER \$200,000, THE SQUADRON MUST FILE IRS FORM 990 WITH THE IRS. IF INCOME IS OVER \$50,000 BUT UNDER \$200,000, THE SQUADRON 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 SQUADRONS SHALL USE THE NATIONAL CONSTITUTION AND BYLAWS			
SQUADRON 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 SQUADRON NO. _____, DEPARTMENT _____, 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
POST SONS COORDINATOR (PRINT) _____		PHONE _____	
ADDRESS _____		CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____			