



# SONS OF AMVETS

## NATIONAL HEADQUARTERS

### SQUADRON REVALIDATION 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 <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 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 _____			

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

**\*\*POST SONS COORDINATOR MUST BE AN AMVET APPOINTED BY THE POST AMVETS COMMANDER**