



SONS OF AMVETS

NATIONAL HEADQUARTERS

SQUADRON REVALIDATION FORM

PO BOX 1260

HYATTSVILLE, MD 20785

PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES

NATSONS@SONSOFAMVETS.ORG

(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	CITY	CARD NO	PHONE
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			
COMMUNICATIONS DIRECTOR	CITY	CARD NO	PHONE
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			
IMM. PAST COMDR.	CITY	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