



SONS OF AMVETS

NATIONAL HEADQUARTERS DEPARTMENT CHANGE OF OFFICERS FORM

4647 FORBES BLVD.
LANHAM, MD 20706

NATSONS@SONSOFAMVETS.ORG

PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES

(301) 683-4099

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 _____			
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 BY JULY 1

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 _____	- 20 _____	
ALL DEPARTMENTS 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 HAVE NOT BEEN CHANGED, ALTERED OR AMENDED AND ARE ON FILE AT NATIONAL HEADQUARTERS		
<input type="checkbox"/>	HAVE BEEN AMENDED. A COPY MUST BE SUBMITTED TO NATIONAL HEADQUARTERS FOR APPROVAL.		

ELECTION, INSTALLATION AND CERTIFICATION

<i>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, WHICH READS AS FOLLOWS:</i>			
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 _____			