SONS OF AMVETS
NATIONAL HEADQUARTERS
SQUADRON CHANGE OF OFFICERS FORM

3309-11 HUBBARD RD.   NATSONS@SONSOFAMVETS.ORG
HYATTSVILLE, MD 20785   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 _____

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

REV 06/2024   SEND 1 COPY TO NEXT HIGHER LEVEL

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: ☐ UNDER $50,000 ☐ OVER $50,000, BUT UNDER $200,000 ☐ 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 ? ☐ YES ☐ NO   FISCAL YEAR: 20 _____ - 20 _____

ALL SQUADRONS SHALL USE THE NATIONAL CONSTITUTION AND BYLAWS

SQUADRON STANDING RULES. (CHECK ONE)

☐ DO NOT HAVE ANY STANDING RULES.

☐ DO HAVE AND ARE ON FILE WITH THE STATE & NATIONAL HEADQUARTERS.

☐ 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 _____