



AMVETS Department of Ohio

District Revalidation Form

District #:

County

Primary District Contact Information

[Reset Form](#)

Renewal Contact: _____ Phone: _____

Email: _____

Renewal Address: _____

City: _____ State: _____ Zip: _____

District Meeting Dates

| | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|
| Date: _____ | Post: _____ | Date: _____ | Post: _____ | Date: _____ | Post: _____ |
| Date: _____ | Post: _____ | Date: _____ | Post: _____ | Date: _____ | Post: _____ |

Administrative

Date 990 Filed: _____ EIN Number (IRS): _____

(N/A if not applicable)

(Leave Blank if District uses Department #)

Copy of 990 front page attached. *(This is required if the District has its own EIN#)*

Annual Dues Charged per post \$ _____

(Note: All Districts with an assigned EIN are required to file with the IRS yearly in order to maintain tax-exempt status.)

I certify that AMVETS District # _____ complies with all AMVETS constitutional requirements, as well as all local, state and federal laws and statutes.

Date: _____ Signature of District Officer: _____

Title: _____

The completed Revalidation form must be received by July 15.

District Officers Form

The officers with access to the membership database are Commander, 1st Vice and Adjutant. Once this completed form is received a request for access will be emailed to National Headquarters.

| | | |
|---------------------------------------|----------------|----------------|
| Commander: Member # | Email: | Phone: |
| 1 st Vice: Member # | Email: | Phone: |
| 2 nd Vice Member # | Email: | Phone: |
| 3 rd Vice Member # | Email: | Phone: |
| Finance Officer: Member # | Email: | Phone: |
| Adjutant: Member # | Email: | Phone: |
| Judge Advocate: Member # | Email: | Phone: |
| Provost Marshall: Member # | Email: | Phone: |

District Officers Certification

I certify that the officers of District # _____ of the AMVETS Department of Ohio have been duly installed, they have all read and subscribe to the AMVETS oath of Office.

Date: _____ Installing Officer: _____

(Note: As soon as your elections are concluded (May 1 - June 30th), fill out this form and send to State Headquarters by mail (Attn: Membership 1395 E Dublin Granville Road, Suite 222 Columbus, OH, 43229), fax (to 614-431-6991), or email (to admin@ohamvets.org).

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