

## Instructions for Completing the 2015 Post Revalidation Forms



### Post Revalidations are due at HQ by 15 July 2015

As soon as your elections are held (May 1-June 30<sup>th</sup>) fill out this three part form and **fax** a copy to HQ at 614-431-6991 or scan a copy and email it to: [anna@ohamvets.org](mailto:anna@ohamvets.org) or you can mail a copy.

#### Page1: Revalidation

##### PRIMARY CONTACT - POST MAILING ADDRESS

**Primary Contact:** Our Web page **Find a Post** has this persons phone and e-mail listed.

**Post Mailing Address** official post mail is sent to this address, some posts use PO Boxes.

##### RENEWAL CONTACT

**Renewal Contact:** Annual members who don't renew on line will send their checks to this address. This email is used for confirmation of online transactions. Knowledge of Excel is valuable in this position.

##### POST INFORMATION

Your **meeting address** and times are listed here.

**All Posts are required to file with the IRS yearly in order to maintain tax-exempt status.**

- The dues portion of the form must be filled out correctly for your members to be billed properly. The **Post Portion** of the dues is the **amount retained by the post.**

Example:     **\$12.00 Post** (Posts can vote to raise and lower Post dues, it is reported on this form)  
                  \$ 5.00 Dept  
                  \$13.00 Nat.  
                  \$30.00 total amount to Join AMVETS

Life Membership is \$250, the **Post Portion must be at least \$62.50, Posts or Depts. may vote to raise their portions.**

- **Insurance Requirement:** AMVETS HQ and your Department must be also insured on all policies. HQ and State require an **Acord 25** from your broker at each annual renewal. Have your broker email the HQ Acord 25 to [hneal@amvets.org](mailto:hneal@amvets.org)

#### Page 2: Officers Form

**Officers Form:** Before you can download your post management rosters we need to add the 4 leaders with special access in the database; Commander, 1<sup>st</sup> Vice, Adjutant and Renewal Contact. As soon as elections are held fax this form to HQ.

#### Page3: Quality Post Form

**"Quality Post"** To be recognized as a Quality Post fill out and include this form and with your revalidation.

**\*If you revalidate online you must also send a filled out copy of this form to HQ and your Department. We will not accept a printed copy of the online revalidation alone. We need this form for our records.**

# Post Revalidation and Officers Form

Page 1: Post Revalidation

Page 2: Officers Form

Page 3: Quality Post Form



Ohio AMVETS State Dept  
1395 E Dublin Granville Rd  
Ste 222  
Columbus, OH 43229  
Telephone: (614) 431-6990

State: \_\_\_\_\_ Post # \_\_\_\_\_  
County: \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY** All applicable information on this form. Fax, e-mail or send a copy to HQ and your Department. **Completed form must be received** at State Headquarters **before 15 JULY 2015.**

## PRIMARY CONTACT-Post Mailing Address

Primary Contact: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Post Mailing Address \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

## RENEWAL CONTACT

Send Renewals to: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Confirmation Contact: \_\_\_\_\_

## POST INFORMATION

Meeting dates and times: \_\_\_\_\_

☐ Meeting Address Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Post Web-site \_\_\_\_\_ Post E-mail: \_\_\_\_\_

**\*\*\* All Posts are required to file with the IRS yearly in order to maintain tax-exempt status. \*\*\***

990 file date: _____	EIN Number (IRS) _____	Fiscal Year: 2014- 2015
<b>* Dues amount must be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED ON POST PORTION+NTL+DEPT)</b>		
<b>* Annual Dues:</b> *Portion of Dues retained at Post * Post Portion:\$ _____		<b>* Life Dues:</b> *Portion of Dues retained at Post: * Post Portion:\$ _____

Check one (per National Bylaws, Article VII):

- ☐ No Post home
- ☐ Facility owned or leased for meetings requires \$300,000 Liability Insurance.
- ☐ Facility with clubroom (requires Articles of Incorporation, State Certificate of Corporate Good Standing, \$500,000 liability Insurance and a Liquor liability policy with current Acord 25 on file at National Headquarters)
- ☐ Post Constitution & Bylaws have been reviewed, but not amended.
- ☐ Post Constitution & Bylaws have been amended within the past year and approved by the Department JA

## POST REVALIDATION CERTIFICATION

I certify that AMVETS Post # \_\_\_\_\_ complies with all local, state and federal laws and statutes in the operation of the Post and its facilities, has a minimum of 10 members in good standing, is fully paid up in all Post accounts with National Headquarters and has complied with all revalidation requirements of the National Constitution, Article X.

Date \_\_\_\_\_ Signature & Title of Certifying Post Official \_\_\_\_\_

**Revised April 2015: previous versions of this form are obsolete and will not be accepted**

## Post Officers Form

<b>Commander:</b> _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
<b>1<sup>st</sup> Vice:</b> _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
<b>2<sup>nd</sup> Vice:</b> _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
<b>Adjutant:</b> _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
<b>Public Relations Officer:</b> _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
<b>Finance Officer:</b> _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____
<b>Provost Marshal:</b> _____ Member Number: _____	Address: _____ _____ E-mail: _____	Work: _____ Home: _____ Cell: _____

***PLEASE TYPE OR PRINT LEGIBLY***

### POST OFFICERS CERTIFICATION

This is to certify that the officers of Post # \_\_\_\_\_ in the city of \_\_\_\_\_  
 and the state of \_\_\_\_\_ have been duly installed and that they have read and subscribe  
 to the AMVETS oath of office.  
 Date \_\_\_\_\_ Installing Officer \_\_\_\_\_

***Revised April 2015: previous versions of this form are obsolete and will not be accepted***



# QUALITY POST DISTINCTION

- COLUMN (A) - ACHIEVEMENTS FOR PAST YEAR DETERMINES ELIGIBILITY
- COLUMN (B) - COMMITMENTS FOR NEXT YEAR

Post must achieve (4) of the (6) items to qualify as a National Quality Post.  
Three starred (\*) items are required, plus one additional item = (4) total.

Post No. \_\_\_\_\_ Dept. \_\_\_\_\_ Dist. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(A) (B)

Past Coming  
Year Year

Mark yes (Y) or no (N) in the space provided for each item.

- \* 1. \_\_\_\_\_ **On-Time Revalidation** - Our Post will complete its revalidation before July 15, each year.
- \* 2. \_\_\_\_\_ **Membership** –Our Post will renew with an equal or greater number of members over a year ago.  
(June to June)  
\_\_\_\_\_ Number of members paid last year. (Current year expiring.) (Annual & Life)  
\_\_\_\_\_ Total number of renewing and new members paying this year. (Annual & Life)
- \* 3. \_\_\_\_\_ **Programs Reporting Submissions/Forms** - Our Post submitted reports to our Department/National for June and December of the preceding year.
4. \_\_\_\_\_ **Community Service Programs** - We have/will conduct a minimum of **two** service programs a year. Place a date in front of each Program conducted: \_\_\_\_\_ Homeless Veterans \_\_\_\_\_ White Clover \_\_\_\_\_ Blood Donor \_\_\_\_\_ Bone Marrow and Organ & Tissue Donor Awareness \_\_\_\_\_ Special Olympics \_\_\_\_\_ Child Abuse Awareness \_\_\_\_\_ Scouting \_\_\_\_\_ Task Force DVD \_\_\_\_\_ Habitat for Humanity \_\_\_\_\_ Color Guard \_\_\_\_\_ Veterans History Project \_\_\_\_\_ Support for Our Troops/NG \_\_\_\_\_ Other \_\_\_\_\_
5. \_\_\_\_\_ **National Programs** we have/will participate in **one** or more of the following.  
Place a (Y) in front of each Program your post will participate in: \_\_\_\_\_ Americanism School Contests  
\_\_\_\_\_ Freedoms Foundation \_\_\_\_\_ Scholarship \_\_\_\_\_ ROTC \_\_\_\_\_ AADAA \_\_\_\_\_ VAVS
6. \_\_\_\_\_ **Submit Entry For One Or More National Awards Programs** We will enter **one** or more of the following. Place a (Y) in front of each Award submittal you have/will plan to make.  
\_\_\_\_\_ Americanism Awards \_\_\_\_\_ The Robert Gomulinski Community Service Award \_\_\_\_\_ ROTC Award  
\_\_\_\_\_ Special Olympics Award \_\_\_\_\_ AADAA Award

Achieved National Quality Post Award for the past charter year. (A) \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Post Commander