



Revalidations are due at DEPT by 21 May 2024

As soon as your elections are held (May 1 - 14th) fill out this three part form and either scan and email it to hodjohnson@aol.com or mail a copy (12327 Prairie Valley Ln.Riverview, FL . 33579

Page1: Revalidation

PRIMARY CONTACT - POST MAILING ADDRESS

Primary Contact: Our Web page **Nationwide Presence** 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. Send a copy of the IRS acceptance to AMVETS Department of Florida, 12327 Pririe Valley Ln, Riverview, FL 33579

- *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.***

Sample: **\$10.00 Post** (Posts can vote to raise and lower Post dues, it is reported on this form)
 \$10.00 Dept (Changes require a CBL amendment)
 \$15.00 Nat.
 \$35.00 total amount to Join AMVETS

Life Membership is \$500 up to age 55, \$400 ages 56-65, \$300 ages 66 and over. the **Post Portion must be at least 1/4 of \$300, or \$75.00, Posts or Depts. may vote to raise their portions. Dues changes must be accompanied by a CBL change.**

- **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 hodjohnson@aol.com and membersupport@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, 1st Vice, Adjutant and Renewal Contact. As soon as elections are held email this form to AMVETS Department of Florida.

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



AMVETS Department of Florida
12327 Prairie Valley
Ln. Riverview, FL 33579
Telephone: (216) 224-6636

State: _____ Post # _____
County: _____

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Email or send a copy to HQ and your Department. **Completed form must be received** at Department Headquarters **before 23 May 2019.**

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. *****

* Dues amount must be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED ON POST PORTION+NLT+DEPT)	
* Annual Dues: *Portion of Dues retained at Post * Post Portion: \$10.00 _____	* Life Dues: *Portion of Dues retained at Post: Post Portion: at Least \$75.00 _____

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 _____

Officers Form

The 5 leaders with access to the database are Commander, Executive Director, 1st Vice, Adjutant, and Renewal Contact. After elections, email or fax revalidation forms to HQ and your Department.

Commander: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
1st Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Finance _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Adjutant: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Judge Advocate: _____ Member Number: _____	Address: _____ _____ Email: _____	Phone: _____
Member _____ Number: _____	Address: _____ _____ Email: _____	Phone: _____
Member _____ Number: _____	Address: _____ _____ Email: _____	Phone: _____

Officers Certification

I certify that the officers of _____ have been duly installed and they have read and subscribe to the AMVETS oath of office.

Date: _____ Installing Officer: _____

Notes: As soon as your elections are concluded (May 1st - 14th), fill out this form and send to AMVETS Department of Florida, 12327 Prairie Valley LN Riverview, FL or email (to: hodjohnson@aol.com). Completed form must be received by May 23rd. You must send a filled out copy of this form to the Department of Florida. We need this signed form for our records.



QUALITY POST DISTINCTION



SECTION A. ABOUT YOUR POST

Post No. _____ Dept. _____ District _____
 City _____ State _____

SECTION B. ACHIEVEMENTS FOR PAST YEAR DETERMINES ELIGIBILITY

A post must achieve the required three (3) starred (*) items plus one additional item totaling four (4) from the list below to qualify as a National Quality Post.

Check YES or NO for each item where applicable:

- *On-Time Revalidation:** Our Post completed its revalidation before July 15th. YES NO
- *Membership:** Our Post renewed with a greater number of members from the prior year. (as of July 1st)
 YES NO
- *Programs System Reporting:** Our Post submitted reports on the National Programs Reporting System for periods ending June and December of the previous year. YES NO

Place a check in front of each 'Programs' conducted:

- Community Service Programs:** Our Post conducted a minimum of **two (2)** service programs during the program year. YES NO

<input type="checkbox"/> Homeless Veterans	<input type="checkbox"/> Sick and Hospitalized Veterans (non VAVS)
<input type="checkbox"/> Clothing Drive for Veterans	<input type="checkbox"/> Support Our Troops/Nat'l Guard/Reserves
<input type="checkbox"/> Blood Drives	<input type="checkbox"/> Ceremonies: 911, Memorial Day, etc.
<input type="checkbox"/> Special Olympics	<input type="checkbox"/> Military Funeral Honors
<input type="checkbox"/> Scouting	<input type="checkbox"/> Support for Women Veterans and Service Members
<input type="checkbox"/> Patriotism Flag Program	<input type="checkbox"/> Other: _____
- National Programs:** Our Post participated in **one (1)** or more of the following, place a check in front of each Program participated in:

<input type="checkbox"/> Americanism Youth Contests	<input type="checkbox"/> White Clover
<input type="checkbox"/> AADAA Youth Contests	<input type="checkbox"/> J/ROTC Medal Presentation
<input type="checkbox"/> Veterans History Project	
- National Awards Programs:** Our Post entered in **one (1)** or more of the following, place a check in front of each Program participated in:

<input type="checkbox"/> Americanism Award	<input type="checkbox"/> AADAA Award	<input type="checkbox"/> The Robert Gomulinski Community Service Award
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SECTION C. OUR POST'S GOALS FOR NEXT YEAR

List at least three (3) or more goals the post plans to accomplish this coming year:

Programs looking forward to seeing if any or all of these goals are met.

- Achieved National Quality Post Award for the past charter year.**

***Programs Department may verify all information.**