

Post Revalidation 3-Part Form

Part 1: Post Revalidation

Part 2: Officers Form

Part 3: Quality Post Form



AMVETS Department of Ohio
1395 E. Dublin Granville Rd. Suite 222
Columbus, Ohio 43229
Telephone: (614) 431-6990
Toll Free: (800) 642-6838
Fax: (614) 431-6991

State OH Post # _____
Membership Year _____
City _____
County _____

Please type or print legibly. Complete all applicable blocks on this form. Prepare 3 copies of form (1 each for Post, Dept. and Nat'l files). Completed form must be received at **Department** Headquarters **PRIOR TO JULY 1.**

OFFICIAL CONTACT

Send Post Mail To: _____ Work () _____
Address: _____ Home () _____
City, State, Zip: _____ FAX () _____
E-mail Address: _____ Cell () _____

RENEWAL CONTACT

*It is
HIGHLY
RECOMMENDED
that if you have a
Post Home, all
renewals use
that address.*

Send Renewals To: _____ Work () _____
Address: _____ Home () _____
City, State, Zip: _____ FAX () _____
E-mail Address: _____ Cell () _____

POST INFORMATION

Meeting Night(s) & Time(s): _____ Check one: Meeting location Post Home address
Address _____
City, State, Zip _____
Post Telephone # () _____ Post Website or E-mail: _____

Bank:	Bank Account #	Fiscal Year: 20____ - 20____
*Dues amounts must be filled in!	IRS Employer ID#	
*Annual Dues: Post Dues \$_____ Post Portion \$_____	*Life Dues: Life Dues \$_____ Post Portion \$_____	

The Post is not required to send a copy of IRS Form 990 to Headquarters, but must still file with the IRS in order to maintain tax-exempt status.

Check one (per National Bylaws, Article VII):

- No Post home
- Facility owned or leased—maintained primarily for meeting purposes (requires \$100,000 Certificate of Insurance)
- Facility with clubroom (requires Articles of Incorporation, Certificate of Corporate Good Standing (i.e. any annual non-profit corporation report required by state government) and \$300,000 Certificate of Insurance, with current copies of each on file at National Headquarters)

Check (status of Post Constitution & Bylaws):

- Our Post operates under the Uniform Post Constitution & By-laws of the AMVETS Department of Ohio (copy on file at National Headquarters).

POST REVALIDATION CERTIFICATION

I certify that AMVETS Post # _____ has complied 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 _____

NAME/ID#	MAILING ADDRESS	PHONE #s
Commander:	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
1 st Vice:	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
2 nd Vice:	(address)	W: ()
Name:		H: ()
Member #	E-mail:	C: ()
3 rd Vice:	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
Adjutant:	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
Finance Officer:	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
Judge Advocate:	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
Provost Marshal:	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
Service Officer:	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
Trustee (1 year):	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
Trustee (2 year):	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()
Trustee (3 year):	(address)	W: ()
Name:	(city, state, zip)	H: ()
Member #	E-mail:	C: ()

POST OFFICERS CERTIFICATION

This is to certify that the officers of Post # _____ in the city of _____ and the state of **OHIO** _____ have been duly installed and that they have read and subscribe to the AMVETS oath of office.

Date _____ Installing Officer _____

NATIONAL QUALITY POST RECOGNITION

Report of Achievement for Past Year Determines:

- Eligibility For Recognition (Column A)
- Commitment for Next Year (Column B)

Post must achieve four (4) of the six (6) items to qualify as a National Quality Post.
Three (3) starred (*) items are required, plus one additional item, to equal four (4) total.

Post # _____ Department OHIO National District IV

City _____ State _____

	(A) Past Year	(B) Coming Year's Goal	Indicate Yes or No in the space provided for each item														
*1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	On-Time Revalidation. The post will complete its revalidation before 15 July each year.														
*2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Membership. We will renew our post with an equal or greater number of members from a year ago (June to June). _____ Number of life & annual members paid last year (current year expiring) _____ Total number of life, annual renewing & new members paying this year														
*3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Program Reporting Forms. Our post submitted reports to our Department/National for June and December for the current year.														
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Community Service Programs. We have/will conduct(ed) a minimum of two (2) service programs per year. Place a date in front of each program: <table style="width: 100%; border: none;"> <tr> <td>_____ Homeless Veterans</td> <td>_____ Scouting</td> </tr> <tr> <td>_____ White Clover</td> <td>_____ PAWS with a Cause</td> </tr> <tr> <td>_____ Blood Donor</td> <td>_____ Habitat for Humanity</td> </tr> <tr> <td>_____ Bone Marrow, Tissue & Organ Donor Awareness</td> <td>_____ Color Guard</td> </tr> <tr> <td>_____ Special Wish</td> <td>_____ Veterans History Project</td> </tr> <tr> <td>_____ Special Olympics</td> <td>_____ Other (_____)</td> </tr> <tr> <td>_____ Child Abuse Awareness</td> <td>_____ Other (_____)</td> </tr> </table>	_____ Homeless Veterans	_____ Scouting	_____ White Clover	_____ PAWS with a Cause	_____ Blood Donor	_____ Habitat for Humanity	_____ Bone Marrow, Tissue & Organ Donor Awareness	_____ Color Guard	_____ Special Wish	_____ Veterans History Project	_____ Special Olympics	_____ Other (_____)	_____ Child Abuse Awareness	_____ Other (_____)
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_____ Special Olympics	_____ Other (_____)																
_____ Child Abuse Awareness	_____ Other (_____)																
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	National Programs. We have/will participate(d) in one (1) or more of the following (check each program in which your post participates or participated): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Americanism School Contests</td> <td><input type="checkbox"/> ROTC</td> </tr> <tr> <td><input type="checkbox"/> Freedoms Foundation</td> <td><input type="checkbox"/> AADAA</td> </tr> <tr> <td><input type="checkbox"/> Scholarship</td> <td><input type="checkbox"/> VAVS</td> </tr> </table>	<input type="checkbox"/> Americanism School Contests	<input type="checkbox"/> ROTC	<input type="checkbox"/> Freedoms Foundation	<input type="checkbox"/> AADAA	<input type="checkbox"/> Scholarship	<input type="checkbox"/> VAVS								
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<input type="checkbox"/> Scholarship	<input type="checkbox"/> VAVS																
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Submit Entry for National Programs Awards. We will enter one (1) or more of the following (check each award submission you have made or will make): <input type="checkbox"/> Americanism Awards <input type="checkbox"/> The Robert Gomulinski Community Service Award <input type="checkbox"/> Special Olympics Award														

Achieved National Quality Post Award for the past charter year: (A) Yes No

Date _____ Post Commander _____