



AMVETS Department of Ohio

District Revalidation Form

District #: _____

YEAR _____

District Contact Information

[Reset Form](#)

District Contact: _____ Phone: _____

Email: _____

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 _____

Certificate of Continued Existence Expiration Date: _____

(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: Post:
1 st Vice: Member #	Email:	Phone: Post:
2 nd Vice Member #	Email:	Phone: Post:
3 rd Vice Member #	Email:	Phone: Post:
Finance Officer: Member #	Email:	Phone: Post:
Adjutant: Member #	Email:	Phone: Post:
Judge Advocate: Member #	Email:	Phone: Post:
Provost Marshall: Member #	Email:	Phone: Post:

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, fill out this form and send to State Headquarters by mail (Attn: Membership 960 Checkrein Avenue Columbus, OH, 43229), fax (to 614-431-6991), or email (to admin@ohamvets.org).

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