

# Department of Ohio Post Revalidation Form

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Revalidation Year: \_\_\_\_\_

AMVETS Department of Ohio Headquarters  
960 Checkrein Avenue Columbus, OH 43229  
Phone: (614) 431-6990 Fax: (614) 431-6991  
Email: [admin@ohamvets.org](mailto:admin@ohamvets.org)

Post: \_\_\_\_\_ District: \_\_\_\_\_  
County: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Fax, email or mail a copy to the Department and National Headquarters. **Completed form must be received** by both Headquarters **before 15 JULY ANNUALLY**.

## PRIMARY CONTACT-Post Mailing Address

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

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

Post or Primary Mailing Address: \_\_\_\_\_

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

## RENEWAL CONTACT

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

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

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

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

## POST MEETING INFORMATION

Meeting days and times: \_\_\_\_\_ Meeting Address Phone Number \_\_\_\_\_

Trustee: \_\_\_\_\_ Address: \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

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

General: \_\_\_\_\_ **\*\*\*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: -
<b>* Dues amount <u>must</u> be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED USING POST PORTION+NTL+DEPT)</b>		
<b>* Annual Dues:</b> Portion of Dues retained at Post: (minimum allowed \$0.00) <b>Post Portion:</b> _____	<b>* Life Dues:</b> Portion of Dues retained at Post: (minimum allowed \$62.50) <b>Post Portion:</b> _____	

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 Acord25 on file at National & Department 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

Please check up to 4 Post leaders you would like provided with on-line access to the national membership database (*typically they are the Commander, 1st Vice, Adjutant, and Renewal Contact*). Then, immediately After elections, mail, fax or email your revalidation forms to the National and Department headquarters.

Commander: _____ Member Number: _____	Address: _____ Email: _____	On-line Access requested ( <i>must have email</i> ) Phone: _____
1st Vice: _____ Member Number: _____	Address: _____ Email: _____	On-line Access requested ( <i>must have email</i> ) Phone: _____
2ndVice: _____ Member Number: _____	Address: _____ Email: _____	On-line Access requested ( <i>must have email</i> ) Phone: _____
3rd Vice: _____ Member Number: _____	Address: _____ Email: _____	On-line Access requested ( <i>must have email</i> ) Phone: _____
Adjutant: _____ Member Number: _____	Address: _____ Email: _____	On-line Access requested ( <i>must have email</i> ) Phone: _____
Public Relations Officer: _____ Member Number: _____	Address: _____ Email: _____	On-line Access requested ( <i>must have email</i> ) Phone: _____
Finance Officer: _____ Member Number: _____	Address: _____ Email: _____	On-line Access requested ( <i>must have email</i> ) Phone: _____
SEC Representative: _____ Member Number: _____	Address: _____ Email: _____	On-line Access requested ( <i>must have email</i> ) 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 1 - June 30th), fill out this form and send to Department Headquarters by mail; 961 Checkrein Avenue Columbus, OH 43229, fax to (614) 431-6991, or email to [admin@ohamvets.org](mailto:admin@ohamvets.org)). Completed forms must be received by July 15. If you revalidate on-line you must also send a filled out copy of this form to Department Headquarters. We will not accept a printed copy of the on-line revalidation alone. We need this signed form for our records.



# QUALITY POST & QUALITY DEPARTMENT DISTINCTION AWARD

## ***INSTRUCTIONS TO APPLY***

*Quality Posts & Departments = Membership Retention*

Throughout the year, AMVETS members work diligently to obtain and retain members, provide services to veterans and their communities.

As a result of this effort, AMVETS Programs Department makes available to its Posts and Departments the opportunity to show off their activities, both membership and programs related.

AMVETS National Programs Department has implemented an online process for the Posts and Departments to apply for this distinction.

The process is easy; just answer the questions and receive an autoscore (grading is shown on application), which will help determine whether your post or department is Quality. The AMVETS National Programs Department will verify all information submitted.

Just go to [www.amvets.org/qualityposts](http://www.amvets.org/qualityposts) webpage and click on

**APPLY ONLINE**

to take you to the application site.

Direct questions to [Programs@amvets.org](mailto:Programs@amvets.org) with 'Quality Award' in the subject line.



## Department of Ohio Required Revalidation Information and Forms

Post: \_\_\_\_\_ Post City: \_\_\_\_\_ **This section required by all posts**

- Board of Trustees Chair: \_\_\_\_\_

Paper Building Canteen

Chair Phone: \_\_\_\_\_ Chair Email Address: \_\_\_\_\_

Certificate of Continued Existence Expiration Date: \_\_\_\_\_ (renews every five years)

Acord25 for General Liability Insurance Policy (Copy must be on file at Department and National Headquarters with both as additional insured)

Acord25 for Liquor liability Insurance Policy (Copy must be on file at Department and National Headquarters with both as additional insured)

Copy of Form 990 (page one only) **Or** Copy of Form 8868 - 6 month extension (990 must be sent to HQ once filed)

990's must be filed by the 15th day of the 5th month after post fiscal year end.

Bingo License - Expiration Date: \_\_\_\_\_

Liquor License - Expiration Date: \_\_\_\_\_

Registered as Charity with Attorney General Office - Year Filed: \_\_\_\_\_

Trustee 1: _____ Member Number: _____	Address: _____ _____	Phone: _____ Email: _____
Trustee 2: _____ Member Number: _____	Address: _____ _____	Phone: _____ Email: _____
Trustee 3: _____ Member Number: _____	Address: _____ _____	Phone: _____ Email: _____

All posts are required by the National Constitution and By-Laws to be incorporated, maintain their corporate Good Standing, provide both the National and Department headquarters with an Acord25 showing the proper coverage for their post and proof that their annual 990 has been filed.

**Any post not meeting the requirements of the boxes above with the red boarders (Certificate of good standing, Acord25 and 990) will not be reported to the Attorney General as a post in good standing with the organization.**