



**LOCAL CHARTER
ANNUAL REVALIDATION/OFFICERS FORM**



AMVETS NATIONAL LADIES AUXILIARY
4647 Forbes Boulevard
Lanham, MD 20706
PHONE: 301/459-6255 FAX: 301/459-5403

INSTRUCTIONS:

1. This form must be typed or printed legibly in black ink only.
2. All mandatory entries on both pages must be completed or form **will be returned**.
3. Prepare this form in triplicate: (1) copy to the Local, (2) copies to the Department Secretary for distribution. In non-chartered departments, send one copy directly to National Headquarters.
4. This form **must be post-marked by June 30** or your Local Auxiliary will not be revalidated.

Date:	Officers for the year _____	Department/State:	Auxiliary #:
Send Official Mail to:			
Address:			
Phone Number:	Fax:	E-Mail:	

TITLE	ID	NAME	MAILING ADDRESS & EMAIL ADDRESS	PHONE
President*				
1 st Vice*				
2 nd Vice*				
3 rd Vice				
Secretary*				
Treasurer*				
Sgt. At Arms				
Chaplain				
Pro				
Parliamentarian				
Liaison				
Hospital				
Americanism				
Scholarship				
JR. Amvets				
S.E.C.				
Alt. S.E.C.				

***MANDATORY ENTRIES** - Must be filled in or the Local Auxiliary will not be revalidated.

AMVETS NATIONAL LADIES AUXILIARY



*BLOCK #1

This is to certify that the officers of Auxiliary # _____ of _____ (city/state), have been duly elected and installed, and that they have read and subscribed to the AMVETS Ladies Auxiliary oath of office

Signature of Installing Officer: _____ Date: _____

*BLOCK #2

This is to certify that our Fiscal Year ends _____ and the Internal Revenue Form 990 has been submitted to the Director of Internal Revenue, National Headquarters and Department Headquarters (attach same).

Federal ID# _____

- If gross income is over \$25,000, you must attach copy of the 990 (A CPA is recommended).
- If gross income is less than \$25,000 and you received a pre-addressed 990, you must file with the IRS using label and attach a copy of the 990 to this form.

*BLOCK #3

This is to certify that the by-laws of this Auxiliary, on file with the Department, have been reviewed but have not been amended or changed from the original copy as submitted _____ (date submitted). Amended copy is being/has been forwarded to the Department Parliamentarian

*BLOCK #4

AMOUNT OF ANNUAL DUES: \$_____ (Please include National, Department, and Local portion of dues)

REGULAR MEETING DATE _____ (Month/Day)

DATE NEW OFFICERS WERE ELECTED: _____

SEND MEMBERSHIP CARDS TO: _____ (Name/Title)

ADDRESS: _____

PHONE _____ FAX _____ E-MAIL: _____

DEADLINE FOR FILING REVALIDATION FORM:

Local Auxiliaries (within a department) must file with their Departments by the Department deadline. Departments must then send copies to the National Headquarters with their Department Revalidation. Local Auxiliaries (in Non-chartered departments) must have their Revalidation form complete and sent to the National Headquarters, **post-marked by June 30.**

DATE: _____

CERTIFIED BY: _____
(Signature of Local President) (Signature of Local Secretary)

***MANDATORY ENTRIES** – Must be filled in or the Local Auxiliary will not be revalidated.