



# AMVETS

## Department of Florida (American Veterans)

### Post Revalidation Form

Within 7 days of your annual meeting (May 1-May 14 ) fill out this three part form and scan and email it to [hodjohnson@aol.com](mailto:hodjohnson@aol.com) or you can mail a copy to ED PDC Horace Johnson, 12327 Prairie Valley Lane, Riverview, FL 33579. **Page1: Revalidation**

#### PRIMARY CONTACT - POST MAILING ADDRESS

**Primary Contact:** Our Web page **Nationwide Presence** has this person's 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 a 990, 990EZ or 990N with the IRS yearly in order to maintain taxexempt status.**

*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**  
              \$10.00 Dept \$15.00  
              Nat.  
              \$35.00 total amount to Join AMVETS

*Life Membership is \$250, the Post and Department portion is \$62.50 each.*

**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 [ctaylor-harrison@amvets.org](mailto:ctaylor-harrison@amvets.org) and [hodjohnson@aol.com](mailto:hodjohnson@aol.com).

#### **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, 1<sup>st</sup> Vice, Adjutant and Renewal Contact. As soon as elections are held fax this form to HQ.

#### **Page3: Quality Post Form**

**"Quality Post"** To be recognized as a Quality Post fill out and include this form and with your revalidation.

# Post Revalidation and Officers Form

Page 1: Post Revalidation

Page 2: Officers Form

Page 3: Quality Post Form



AMVETS Department of Florida  
AttN: Executive Director  
12327 Prairie Valley Lane  
Riverview, FL 33579  
Email: [hodjohnson@aol.com](mailto:hodjohnson@aol.com)

State: \_\_\_\_\_ Post # \_\_\_\_\_  
County: \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY** all applicable information on this form. Fax, email or send a copy to the Department.  
**Completed form must be received** at Department Headquarters **on or before 22 May 2023.**

### PRIMARY CONTACT-Post Mailing Address

Primary Contact: \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail: \_\_\_\_\_

Post Mailing Address \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_

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 IRS 990, 990EZ or 990N with the IRS yearly in order to maintain taxexempt status. \* \* \***

990 file date:	EIN Number (IRS)	Fiscal Year: 20__ - 20__
<b>* Dues amount in accordance with Department of Florida Bylaws, Article VI., Section 5.</b>		
<b>* Annual Dues:</b> *Portion of Dues retained at Post <b>* Post Portion: \$ <u>10.00</u></b>		<b>* Life Dues:</b> *Portion of Dues retained at Post: <b>* Post Portion: \$ <u>62.50</u></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 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 \_\_\_\_\_

Revised: September 2018

**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: _____	Work: _____ Home: _____ Cell: _____
1st Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
3rd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Judge Advocate: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Finance: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____

Adjutant: \_\_\_\_\_ Address: \_\_\_\_\_ Work: \_\_\_\_\_  
Member Number: \_\_\_\_\_ Email: \_\_\_\_\_ Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

### 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 – May 14), fill out this form and send to Department Headquarters by mail (Terry Corson, 1401 Pelican Lane, North Port, FL 34286), or email (to tkcorson@comcast.net).*

*Completed form must be received no later than May 22nd.*



## QUALITY POST DISTINCTION

- COLUMN (A) - ACHIEVEMENTS FOR PAST YEAR DETERMINES ELIGIBILITY
- COLUMN (B) - COMMITMENTS FOR NEXT YEAR

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

Post # \_\_\_\_\_ Dept. Florida Dist. \_\_\_\_\_ City: \_\_\_\_\_

(A) (B)

Past Coming Mark yes (Y) or no (N) in the space provided for each item.  
Year Year

\* 1. \_\_\_\_\_ **On-Time Revalidation** - Our Post will complete its revalidation before May 22, each year.

\* 2. \_\_\_\_\_ **Membership** –Our Post will renew with an equal or greater number of members over a year ago.

(June to June)

\_\_ Number of members paid last year. (Current year expiring.) (Annual & Life)

\_\_ Total number of renewing and new members paying this year. (Annual & Life)

\* 3. \_\_\_\_\_ **Programs Reporting Submissions/Forms** - Our Post submitted reports to our Department/National for June and December of the preceding year.

4. **Community Service Programs** - We have/will conduct a minimum of **two** service programs a year. Place a date in front of each Program conducted: \_\_Homeless Veterans \_\_White Clover \_\_Blood Donor \_\_Bone Marrow, Organ & Tissue Donor Awareness \_\_Special Olympics \_\_Child Abuse Awareness \_\_Scouting \_\_Task Force DVD \_\_Habitat for Humanity \_\_Color Guard \_\_Veterans History Project \_\_Support for Our Troops/NG \_\_Other \_\_\_\_\_

5. **National Programs** we have/will participate in **one** or more of the following. Place a (Y) in front of each Program your post will participate in:  
\_\_ Americanism School Contests \_\_Freedom's Foundation \_\_ General Scholarship \_\_Larry Rhindress JROTC Scholarship \_\_AADAA \_\_VAVS  
\_\_Other\_\_\_\_\_

6. **Submit Entry For One Or More National Awards Programs** We will enter **one** or more of the following. Place a (Y) in front of each Award submittal you have/will plan to make.  
\_\_Americanism Awards \_\_The Robert Gomulinski Community Service Award  
\_\_ROTC Award \_\_Special Olympics Award \_\_AADAA Award

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

---

**Date**

---

**Post Commander**