

AMVETS RIDERS CHAPTER REVALIDATION

Part 1: Chapter Revalidation Part 2: Officers Form



AMVETS RIDERS HEADQUARTERS

2216 Linnwood Drive
Cedar Falls, IA 50613
E-mail: caseydpaulus@aol.com

Dept. of _____
Chapter _____
Membership Year _____
Date Submitted _____

Please type or print legibly all applicable sections of this form. Make 3 copies of form; Retain 1 copy, mail 1 copy to the Riders Department, and send 1 copy to Riders National. Completed form must be received at Riders National Headquarters **PRIOR TO JULY 15.**

OFFICIAL CONTACT

Send Chapter Mail To: _____ CELL (____) _____
Address: _____ Home (____) _____
City, State, Zip: _____ FAX (____) _____
E-mail Address: _____

MEMBERSHIP RENEWAL CONTACT

Renewal Contact/Title _____ CELL (____) _____
Address: _____ Home (____) _____
City, State, Zip: _____ FAX (____) _____
E-mail Address: _____

EIN: _____ Fiscal Year Ends (Date) _____
Bank Account #: _____ Bank: _____

_____ This is to certify that the Chapter is incorporated in accordance with the state law and Article IX, Section 8c of the AMVETS National Constitution.

Check One:

_____ No Chapter Headquarters

_____ The Chapter Headquarters carries all insurance required by state law and By Article VII of AMVETS National Bylaws.

Check One: (status of Chapter Bylaws)

_____ Have been reviewed annually but not amended since (year) _____ and are on file at Riders National Headquarters.

_____ Amended copy is attached for review and approval by the Riders National Judge Advocate.

CHAPTER REVALIDATION CERTIFICATION

We certify that AMVETS RIDERS of _____ has complied with all local, state, and federal laws and statues in the operation of the Chapter and its facilities, has a minimum of the required number of members in good standing, is fully paid up in all Department and National accounts and is in compliance with all provisions of AMVETS RIDERS National Constitution.

Chapter President/Date

Chapter Secretary/Date



AMVETS RIDERS _____ Chapter Officers Record

TITLE & NAME	MAILING ADDRESS	PHONE #'S
President: _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
1st Vice: _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
2nd Vice: _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
Secretary: _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
Treasurer: _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
Judge Advocate: _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
Sergeant At Arms: _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____
Chaplain: _____ _____		C: (____) _____ H: (____) _____
E-mail: _____		F: (____) _____

CHAPTER OFFICER CERTIFICATION

This is to certify that the officers of the AMVETS Riders of _____ Have been duly installed and that they have read and subscribe to the AMVETS oath of office.

Date _____ Installing Officer _____