



**LOCAL CHARTER
ANNUAL REVALIDATION/OFFICERS FORM**



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: one (1) copy for the Local files and two (2) copies to the Department Secretary for distribution. In non-chartered Departments, send one (1) copy directly to National Headquarters.

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
LOCAL REVALIDATION FORM**

***BLOCK #1**

This is to certify that the officers for 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**

"Most small tax-exempt organizations whose annual gross receipts are normally \$50,000 or less (\$25,000 for tax years ending after December 31, 2007 and before December 31, 2010) are required to electronically submit Form 990-N, also known as the *e-Postcard*, unless they choose to file a complete Form 990 or Form 990-EZ instead." **(This is taken directly from the irs.gov\eo990n)**

This is to certify that our Fiscal Year ends _____ and the Internal Revenue Form 990, Form 990-EZ or Form 990-N (e-postcard) has been submitted to the Director of Internal Revenue **and a copy sent to Department Headquarters if required.**

Federal ID # _____

If gross income **is over \$50,000, you MUST** attach copy of the 990 (a CPA is recommended) and **submit to Department Headquarters if required.** If gross income **is less than \$50,000, you MUST** file with the IRS Form 990-N (e-postcard), Form 990 or Form 990-EZ and attach a copy of the e-postcard or 990 to this form **and submit to Department Headquarters if required.**

If the Federal ID # is NOT provided, the Local Auxiliary will NOT be revalidated.

***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 National Headquarters with their Department Revalidation. Local Auxiliaries (in non-chartered Departments) must have their Revalidation form complete and sent to National Headquarters, **postmarked 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.

REVISED – SEPTEMBER 2019