



**DEPARTMENT  
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 duplicate: (1) copy for the Department files, and (1) copy to National Headquarters.
4. This form **must be postmarked by June 30** or your Department Auxiliary will not be revalidated.

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

TITLE	NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE
President*				
1 <sup>st</sup> Vice*				
2 <sup>nd</sup> Vice*				
3 <sup>rd</sup> Vice*				
Secretary*				
Treasurer*				
Sgt. At Arms				
Chaplain				
PRO				
Parliamentarian				
Liaison				
Hospital				
Americanism				
Scholarship				
Jr. AMVETS				
N.E.C.*				
Alt. N.E.C.				

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

**AMVETS NATIONAL LADIES AUXILIARY  
DEPARTMENT REVALIDATION FORM**

**\*BLOCK #1**

This is to certify that the officers for the Department of \_\_\_\_\_ 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 [irs.gov\eo990n](http://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.

Federal ID # \_\_\_\_\_

If gross income is over \$50,000, you **MUST** file a copy of the 990 (a CPA is recommended) with the IRS. 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.

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

**\*BLOCK #3**

This is to certify that the by-laws of this Department, on file with National, 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 National Parliamentarian.

**\*BLOCK #4**

AMOUNT OF ANNUAL DUES: \$ \_\_\_\_\_ (Please include National and Department 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:**

Departments are required to file and Annual Revalidation/Officers Form, which **must be postmarked by June 30**, with a five-day grace period for Departments whose Convention, is held during the last weekend in June.

DATE: \_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_  
(Signature of Department President)

\_\_\_\_\_  
(Signature of Department Secretary)

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