



APPLICATION FOR RIDERS CHAPTER

AMVETS RIDERS HEADQUARTERS
2216 Linnwood Drive
Cedar Falls, IA 50613
E-mail: secretary@amvetsridersnational.org

We the undersigned, who each are currently, a member of AMVETS, AMVETS Ladies Auxiliary or Sons of AMVETS, collectively request the issuance of an AMVETS Riders Charter for a new Chapter to be located in the city of _____ in the state of _____ in the county of _____ hereafter to be known as AMVETS Riders Chapter # _____.

We seek this Charter by virtue of our sincere belief that the formation of an AMVETS Riders Chapter offers an excellent opportunity to continue serving our nation so that we may help preserve our cherished American principle; so that we may organize to help veterans and others who are less fortunate than ourselves; and so that we may promote a positive image in our lives, our community, our state, our nation, and our nation.

We solemnly swear to uphold and defend the Constitution of the United States against all enemies, foreign and domestic. We willingly accept the principles of AMVETS and agree to abide by the provisions of our Riders Chapter, Department, and National Constitution and Bylaws.

Charter Members (PLEASE PRINT CLEARLY)	Organization	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

We have received and reviewed the AMVETS Riders National CBL. We have held the necessary organization meetings to adopt a Chapter Constitution and Bylaws and to elect a full slate of Chapter Officers.

We have attached to this Chapter application, (1) properly processed membership applications and dues for all new AMVETS members and properly approved transfer forms for any existing AMVETS members joining this new Chapter, and (2) our properly adopted CBL.

Signature of Post Commander _____ Date _____	Signature of Riders National President or 1 st Vice President _____ Date _____
Signature of Department Commander or Executive Director _____ Date _____	Signature of Riders National Secretary _____ Date _____
Signature of Riders Department President _____ Date _____	



AMVETS RIDERS CHAPTER ADDENDUM

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Charter Members (PRINT CLEARLY)

Organization

Signature

11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____

ATTACH ADDITIONAL SHEETS AS NEEDED

AMVETS RIDERS CHAPTER OFFICERS RECORD

Part 1: Chapter Record 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 XXI, Section 8 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 statutes 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: _____ _____ E-mail: _____		C: (____) _____ H: (____) _____ F: (____) _____
1st Vice: _____ _____ E-mail: _____		C: (____) _____ H: (____) _____ F: (____) _____
2nd Vice: _____ _____ E-mail: _____		C: (____) _____ H: (____) _____ F: (____) _____
Secretary: _____ _____ E-mail: _____		C: (____) _____ H: (____) _____ F: (____) _____
Treasurer: _____ _____ E-mail: _____		C: (____) _____ H: (____) _____ F: (____) _____
Judge Advocate: _____ _____ E-mail: _____		C: (____) _____ H: (____) _____ F: (____) _____
Sergeant At Arms: _____ _____ E-mail: _____		C: (____) _____ H: (____) _____ F: (____) _____
Chaplain: _____ _____ E-mail: _____		C: (____) _____ H: (____) _____ 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 _____