



# DISTRICT CHARTER ANNUAL REVALIDATION/OFFICERS FORM

## AMVETS NATIONAL LADIES AUXILIARY

4647 Forbes Boulevard  
Lanham, MD 20706  
PHONE: 301/459-6255 FAX: 301/459-5403

### Mail two (2) copies:

AMVETS Ladies Aux Dept of FL  
Jerri Devoll, Exec Sec'y.  
217 Ladue Ave  
Crestview, FL 32539  
850-306-3258  
[Execsecyfla@yahoo.com](mailto:Execsecyfla@yahoo.com)

### 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 Executive Secretary for distribution. **Front and back must be filled out completely and signed in appropriate spaces. Mail to Executive Secretary, in her hands on or before May 19, 2017**

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

TITLE	ID	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				
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  
DISTRICT 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, National Headquarters and Department Headquarters (attach same).

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

If gross income **is over \$50,000, you MUST** attach copy of the 990 (A CPA is recommended).

"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."

**If the e-postcard, Form 990 or Form 990-EZ is NOT attached, 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)  
Local Membership Processor

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. .

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 – June 2016**