



# SONS OF AMVETS

## NATIONAL HEADQUARTERS DEPARTMENT CHANGE OF OFFICERS FORM

SEND TO:

1395 E. DUBLIN GRANVILLE RD. SUITE #115

COLUMBUS, OH 43229

(614) 825-4734

PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES

FAX (614) 825-4735

DEPARTMENT _____	E.I.N. _____	PHONE _____	DATE _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____

### DEPARTMENT OFFICIAL CONTACT:

SEND: _____	HOME PHONE _____
MAIL TO: _____	PHONE _____
E-MAIL _____	
ADDRESS _____	CITY _____ STATE _____ ZIP _____

### DEPARTMENT OFFICERS FOR 20 - 20

COMMANDER _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
1ST VICE-CMDR. _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
2ND VICE-CMDR. _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
3RD VICE-CMDR. _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
ADJUTANT _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
FINANCE OFFICER _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
JUDGE ADVOCATE _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
PROVOST MARSHAL _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
IMM. PAST CMDR. _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____

REVISED 8/2011

MUST BE SUBMITTED BY JULY 1

SEND COPY TO: SONS OF AMVETS NATIONAL HEADQUARTERS

**DEPARTMENT APPOINTED OFFICERS:**

CHAPLAIN _____	CARD NO _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
VAVS _____	CARD NO _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
HISTORIAN/PRO _____	CARD NO _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
IMM. PAST CMDR. _____	CARD NO _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
NAT'L EXECUTIVE COMMITTEEMAN _____	CARD NO _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____

**DEPARTMENT INFORMATION:**

**MEETING DATE (S)** The State Sons of AMVETS shall meet in convention at the same time and place as our State organization - AMVETS. This includes State Conventions and all State SEC'S/Conferences

STATE DUES: \$ \_\_\_\_\_

DEPARTMENT INCOME: \_\_\_\_\_ UNDER \$25,000--(IRS FORM 990-N MUST BE FILED EACH YEAR)

(CHECK ONE) \_\_\_\_\_ OVER \$25,000--(IRS FORM 990 REQUIRED AND DEPARTMENT MUST FILE WITH IRS AND FORWARD COPY TO SONS OF AMVETS NATIONAL HEADQUARTERS.)

NAME OF BANK \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BONDED ? \_\_\_\_\_ YES \_\_\_\_\_ NO. FISCAL YEAR: 20 \_\_\_\_\_ - 20 \_\_\_\_\_

**DEPARTMENT STANDING RULES. (CHECK ONE):**

\_\_\_\_\_ **HAVE NOT.** BEEN CHANGED, ALTERED OR AMENDED AND ARE ON FILE WITH THE NATIONAL HEADQUARTERS.

\_\_\_\_\_ **HAVE BEEN AMENDED.** ALL NEW AND AMENDED STANDING RULES MUST BE REVIEWED AND APPROVED PRIOR TO SUBMITTING TO SONS OF AMVETS NATIONAL HEADQUARTERS.

**ELECTION, INSTALLATION AND CERTIFICATION**

I HEREBY CERTIFY THAT THE OFFICERS OF SONS OF AMVETS DEPARTMENT OF \_\_\_\_\_, HAVE BEEN DULY ELECTED AND INSTALLED FOR THE YEAR 20 \_\_\_\_\_ - 20 \_\_\_\_\_ AND THAT THEY HAVE READ AND DO SUBSCRIBE TO THE SONS OF AMVETS OATH OF OFFICE, WHICH READS AS FOLLOWS:

**I, \_\_\_\_\_, SOLEMNLY SWEAR, THAT I WILL SUPPORT AND DEFEND THE CONSTITUTION OF THE UNITED STATES, THAT I WILL DEFEND AND SUPPORT THE UNITED STATES FROM ALL ENEMIES, BOTH FROM WITHIN AND WITHOUT AND THAT I WILL SUPPORT AND OBEY THE CONSTITUTION OF THE SONS OF AMVETS AND THAT I WILL CARRY OUT THE DUTIES OF MY OFFICE TO THE BEST OF MY ABILITY, SO HELP ME GOD.**

DATE	SIGNATURE OF INSTALLING OFFICER _____	TITLE _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____
DEPT. SONS COORDINATOR (PRINT)	_____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____