



# SONS OF AMVETS

NATIONAL HEADQUARTERS  
SQUADRON CHANGE OF OFFICERS FORM

SEND TO:

**SONS OF AMVETS  
DEPT. OF FLORIDA  
P.O. BOX 3222  
PLACIDA, FL 33946**

1395 E. DUBLIN GRANVILLE RD. SUITE #115

(614) 825-4734

PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES

DEPT.	SQUADRON	E.I.N.	POST PHONE	DATE
POST ADDRESS		CITY	STATE	ZIP

**OFFICIAL CONTACT PERSON:**

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

**SQUADRON 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

**MUST BE SUBMITTED NO LATER THAN 7 DAYS PRIOR TO STATE DEPARTMENT CONVENTION**

**SQUADRON APPOINTED OFFICERS:**

CHAPLAIN _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
PUBLIC RELATIONS _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
HISTORIAN _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____

**SQUADRON INFORMATION:**

MEETING DATE(S) _____	TIME _____	LOCATION _____
ANNUAL DUES: _____ (ANNUAL DUES FOR SONS OF AMVETS SHALL BE NO LESS THAN THEIR SPONSORING AMVET LEVEL)		
SQUADRON INCOME: _____ UNDER \$25,000--(IRS FORM 990-N MUST BE FILED EACH YEAR)		
(CHECK ONE) _____ OVER \$25,000--(IRS FORM 990 REQUIRED AND SQUADRON 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 _____	
<b>ALL SQUADRONS SHALL USE THE SONS OF AMVETS CONSTITUTION AND BYLAWS</b>		
SQUADRON STANDING RULES. (CHECK ONE)		
_____ DO NOT HAVE ANY STANDING RULES.		
_____ DO HAVE AND ARE ON FILE WITH THE STATE & NATIONAL HEADQUARTERS.		
_____ HAVE BEEN AMENDED. ALL NEW AND AMENDED STANDING RULES MUST BE REVIEWED AND APPROVED BY THE SONS DEPARTMENT JUDGE ADVOCATE PRIOR TO SUBMITTING TO SONS OF AMVETS NATIONAL HEADQUARTERS.		

**ELECTION, INSTALLATION AND CERTIFICATION**

I HEREBY CERTIFY THAT THE OFFICERS OF SONS OF AMVETS SQUADRON NO. _____, 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:			
<p><b>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.</b></p>			
DATE	SIGNATURE OF INSTALLING OFFICER	TITLE	PHONE
ADDRESS	CITY	STATE	ZIP
POST SONS COORDINATOR(S) (PRINT) _____		PHONE _____	
ADDRESS	CITY	STATE	ZIP