SEND TO: SOA DOF 1ST  VICE

JERRY PADOT

12121 LITTLE RD. #117

HUDSON, FL 34667

 **SONS OF AMVETS**

**NATIONAL HEADQUARTERS**

**SQUADRON CHANGE OF OFFICERS FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **4647 Forbes Blvd.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **natsons@sonsofamvets.org** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lanham, md 20706** | | | | | | | | | | | | | | | | | **PLEASE TYPE OR PRINT LEGIBLY - COMPLETE BOTH SIDES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **(301) 683-4099** | | | | | | | | | | | | | | | | |
| **DEPT.** | | | **FL** | | | | | | **SQUADRON NO.** | | | | | | | | | | | | |  | | | | **E.I.N.** | | | | |  | | | | | | | | | | | | | | **POST** PHONE | | | | | |  | | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FL** | | | | | | | | | | | | | |  | | | | | | | | | |
| **POST ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STATE** | | | | | | | | | | | | | | **ZIP** | | | | | | | | | |
| **official contact PERSON** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEND squadron **mail to:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **E-MAIL** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | HOMEPHONE | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| **ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STATE** | | | | | | | | | | | | | | | **ZIP** | | | | | | | | |
| **squadron officers for 20** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **21** | | | | | | | **- 20** | | | | | | | | | | **22** | | | | | | | | | |  | | | | | | |
| **commander** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **1st Vice cOmdr.** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **2nd Vice comDR.** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **3rd Vice coMDR.** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **Adjutant** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **Finance Officer** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **Judge Advocate** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **Provost Marshal** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **must be submitted NO LATER THAN 7 DAYS prior to STATE department convention** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **rev 10/2015 send 1 copy to next higher level** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **squadron appointed officers:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Chaplain** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **Public Relations** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **Historian** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **Imm. Past Comdr.** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **CARD NO** | | | | | | | | |  | | | | | | | | **phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | |  | | | | | | | | | | | **zip** | | | | | | |  | | | | |
| **email address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **squadron information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **meeting date(s)** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **time** | | | | | |  | | | | | | | | | | | | **location** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **annual dues:** | | | | | | | | |  | | | | | | | **(annual dues for sons of amvets shall be no less than their sponsoring amvet level)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Website** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **squadron income:** | | | | | | | | | | | | | | |  | | | | **Under $50,000** | | | | | | | | |  | | | | | **over $50,000, but under $200,000** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **over $200,000** | | | | | | | | | | | | | | | | | | | | | |
| **(CHECK ONE) (IF INCOME IS OVER $200,000, THE SQUADRON MUST FILE IRS FORM 990 WITH THE IRS. IF INCOME IS OVER$50,000 BUT UNDER $200,000, THE SQUADRON MUST FILE IRS FORM 990-EZ WITH THE IRS. IF INCOME IS UNDER $50,000, IRS FORM 990-N E-POSTCARD IS REQUIRED. A COPY OF FORM 990 OR 990-EZ MUST BE FORWARDED TO SONS OF AMVETS NATIONAL HEADQUARTERS.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **name of bank** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **account number** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **bonded ?** | | | | | | |  | | | | | | **yes** | | | | |  | | | no | | | | | | | | | | | | | | | | | fiscal year: 20 | | | | | | | | | | | | | | | | | | | | | | | **21** | | | | | | | | | | | | | | **- 20** | | | | | | **22** | | | | | | |
| all squadrons shall use the National constitution and bylaws | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | **FL** | | | | | | | | | | | | | **, have been Duly elected** | | | | | | | | | | | | | | |
| **and installed for the year 20** | | | | | | | | | | | | | | | | | | | | **21** | | | | **- 20** | **22** | | **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **date** | | | | | | | | **signature of installing officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **title** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **phone** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | | | | | | | | | | | | | | **zip** | | | | | | | |
| **Post Sons Coordinator (PRINT)** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **phone** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **address** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **city** | | | | | |  | | | | | | | | | | | | | | | | | | | | **state** | | | | | | | | | | | |  | | | | | | | | | | **zip** | | | | | | |  | | | |
| **email address** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | |  |