



AMVETS Sad Sacks
Annual Revalidation
MANDATORY by NATIONAL CONVENTION DATE



IRS 990 TAX FORM FILED: _____ <Must be DONE>

ELECTION DATE: _____

INSTALLATION DATE: _____

INSTALLING OFFICER'S SIGNATURE:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE # : () _____

CONSTITUTION AND BY-LAWS:

APPROVED BY NATIONAL: _____

DATE: _____

REVISED DATE: _____

IF NO CHANGES IN THE PAST YEAR

SIGNATURE of SADDEST: _____

DONATIONS to the NATIONAL NURSES SCHOLARSHIP FUND? YES _____ NO _____

DONATIONS to the STATE NURSES SCHOLARSHIP FUND? YES _____ NO _____

SCHOLARSHIPS GIVEN by UNIT: _____ YES _____ NO _____

MAKE IN TRIPLICATE

- 1) SENT ORIGINAL AND ONE COPY TO YOUR STATE DEPARTMENT SAD SACKS
- 2) IF YOU DO NOT HAVE A STATE DEPARTMENT SAD SACKS, SEND TO NATIONAL SAD SACK
- 3) KEEP the THIRD COPY FOR YOUR UNITS RECORDS

NATIONAL DEPARTMENT of SAD SACKS

The OFFICERS Form must accompany this form