



CERTIFICATION OF SQUADRON OFFICERS

FOR YEAR: _____

 (Full Name of Squadron) Squadron No. _____ District No. _____

 (Name of Town) (County) (Phone) (Squadron Email Address)

Retain a COPY for Squadron files.

Type or Print Legibly

Send COPY to: DETACHMENT HEADQUARTERS, SONS OF THE AMERICAN LEGION PO BOX 2910 BLOOMINGTON, IL 61702

| OFFICER | NAME | ID# | PHONE # | EMAIL |
|---------------------------|------|-----|---------|-------|
| <i>Commander</i> | | | | |
| <i>Sr. Vice Commander</i> | | | | |
| <i>Jr. Vice Commander</i> | | | | |
| <i>Adjutant</i> | | | | |
| <i>Finance Officer</i> | | | | |
| <i>Judge Advocate</i> | | | | |
| <i>Chaplain</i> | | | | |
| <i>Historian</i> | | | | |
| <i>Service Officer</i> | | | | |
| <i>Sergeant-at-Arms</i> | | | | |
| <i>Sergeant-at-Arms</i> | | | | |

Date of Regular Meetings: _____

Time: _____

Squadron annual dues: \$ _____

CSR included or a copy of online submission? _____

I hereby certify that each of the above officials are eligible for membership in Sons of The American Legion and have the consequent right to serve in an official capacity.

(Signed) _____
 Squadron Adjutant

(Signed) _____
 Squadron Commander

Squadron Advisor: _____ American Legion card number: _____ Phone # _____

MEMBERSHIP CARDS WILL BE SENT TO THE SQUADRON ADJUTANT'S ADDRESS ON FILE. PLEASE MAKE SURE IT IS CURRENT ADDRESS.
COMMANDER, ADJUTANT, Squadron Advisor, & CSR INFORMATION IS REQUIRED OR CERTIFICATION WILL BE SENT BACK