



CERTIFICATION OF SQUADRON OFFICERS

FOR YEAR: _____

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

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

The WHITE copy is to be submitted to Detachment Headquarters; YELLOW copy is to be retained for Squadron files.

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

Type or Print Legibly

OFFICER	NAME	SQUAD#	ID#	PHONE #	EMAIL
Commander					
Sr. Vice Commander					
Jr. Vice Commander					
Adjutant					
Finance Officer					
Judge Advocate					
Chaplain					
Historian					
Service Officer					
Sergeant-at-Arms					
Sergeant-at-Arms					

Date of Regular Meetings: _____ Time: _____

Place (street address): _____

Squadron annual dues: \$ _____ Date Officers are to be installed: _____

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