



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	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 submitted online?** _____ **SDR included or submitted online?** _____

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) _____ (Signed) _____
 Squadron Adjutant 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, CSR & SDR INFORMATION IS REQUIRED OR CERTIFICATION WILL BE SENT BACK