



# Squadron Officer Certification Form

## Sons of The American Legion, Detachment of Indiana

### Membership Year 2020 - 2021

<i>Dept Use Only</i>
Date: _____
Entered by: _____

District #: \_\_\_\_\_ Squadron #: \_\_\_\_\_

**Note:** This form must be filled out and signed by the Outgoing Squadron Commander and Adjutant. Although the Detachment is asking each Squadron to retain its officers you must still submit a 2020/2021 Officer Certification to receive your 2021 card. Please keep a copy for your records. Please type or print clearly. **Electronic copies (preferred method) must be forwarded to [logistics@indianalegion.org](mailto:logistics@indianalegion.org)**

We do hereby certify that each named Officer is eligible for membership in the Sons of The American Legion and each is a current paid up member and has the right to serve this Squadron in an official capacity.

#### NEWLY ELECTED SQUADRON OFFICERS

**Commander** ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Adjutant** ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Membership** ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Post Advisor** ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Member ID Number is required\* \*Please attach a list of any other Squadron Officers\* \*If you want mailings to go to an address other than the Squadron Adjutant, please provide mailing information below, mail **will not** be sent to both\***

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

#### SQUADRON INFORMATION

Squadron Name \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

(Address, City, State and Zip)

Email \_\_\_\_\_

Website \_\_\_\_\_

Meetings held at \_\_\_\_\_

(Address & City, if different than mailing address)

Day of week \_\_\_\_\_ at \_\_\_\_\_ AM / PM on: \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th week of the month

(Check which one(s) apply)

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Amount of dues: Under 21 \$ \_\_\_\_\_ Over 21 \$ \_\_\_\_\_

Signed: \_\_\_\_\_  
Outgoing Squadron Commander
Date
Outgoing Squadron Adjutant
Date