Squadron Officer Certification Form
Sons of The American Legion, Detachment of Indiana
Membership Year 2018 - 2019

Dept Use Only
Date: _____
Entered by: _____

District #: _____ **Squadron #:** _____

Note: This form must be filled out and signed by the Outgoing Squadron Commander and Adjutant. The original copy must be in to Department Headquarters at least 30 days before Detachment Convention in accordance with the Detachment Constitution and By-laws. Please keep a copy for your records. Please type or print clearly. **Electronic copies (preferred method) must be forwarded to membership@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 that 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*