



**Squadron Officer Certification Form**  
**Sons of The American Legion, Detachment of Indiana**  
**Membership Year 2023 – 2024**

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

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

**Notes:**

1. This form must be filled out and signed by the Outgoing Squadron Commander and Adjutant.
2. All Squadrons **Must** submit a 2023/2024 Officer Certification, and it **Must** include the newly elected squadron Commander and Adjutants information including email addresses, and the dues amounts **Must** be filled in to receive 2024 cards
3. **All information being sent from the Detachment will be electronic, with that being said an email address MUST be submitted.**
4. Please keep a copy for your records.
5. Please type or print clearly. **Electronic copies (preferred method) must be forwarded to [info@indianasal.org](mailto:info@indianasal.org). Deadline for this form is June 8, 2023.**

**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: \_\_\_\_\_

**SQUADRON INFORMATION**

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

Meetings held at \_\_\_\_\_  
 (Address, City, State and Zip)

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

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

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