



SONS OF THE AMERICAN LEGION
DETACHMENT OF CALIFORNIA
CERTIFICATION OF SQUADRON OFFICIALS



FOR LEGION YEAR 2016 TO 2017

Officials Elected To Serve Squadron Number: _____ **District:** _____ **Area:** _____
(Number) (Number) (Number)

Squadron Name: _____ **at** _____
(Squadron Name) (City Located In) (State)

Squadron Meeting Date: _____ **at** _____
(Day[S] - Date[S]) (Time)

Squadron Meeting Location: _____
(Address Or Location Name - Post# Etc)

Dues amounts: _____
As Applicable (Regular Membership) (Dual Membership) (Members Under 21 Years Old)

IMPORTANT-PLEASE READ INSTRUCTIONS ON THE BACK BEFORE YOU BEGIN
 Complete Name, Phone Number, Mailing, And E-Mail Address For Each Officer Listed.

Commander:

_____ (Squadron Commander's Full Name) _____ (Membership Number)
 _____ (Home Address) _____ (City) _____ (State) _____ (Zip+4)
 _____ (Home Telephone Number) _____ (Cell Or Other Telephone Number) _____ (E-Mail Address)

Adjutant:

_____ (Squadron Adjutant's Full Name) _____ (Membership Number)
 _____ (Home Address) _____ (City) _____ (State) _____ (Zip+4)
 _____ (Home Telephone Number) _____ (Cell Or Other Telephone Number) _____ (E-Mail Address)

Advisor:

_____ (Squadron Advisor's Full Name) _____ (Legion Membership Number)
 _____ (Home Address) _____ (City) _____ (State) _____ (Zip+4)
 _____ (Home Telephone Number) _____ (Cell Or Other Telephone Number) _____ (E-Mail Address)

**Official Address For
Squadron Notifications**

_____ (Mail To)
 _____ (Address) _____ (City) _____ (State) _____ (Zip+4)
 _____ (Certified By) _____ (Title) _____ (Date)

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INSTRUCTIONS FOR THIS FORM

PLEASE PRINT CLEARLY!

This form is a WEB-PDF FORM. You must print and mail the form to the addresses below in the brown envelope provided. This form will not be electronically sent anywhere!

This form must be completely filled out and all information is required. All information will be kept confidential by the Department/Detachment of California.

Please remember that this is a CERTIFICATION and certain information is required per Department/Detachment policy.

Membership Numbers are REQUIRED or the form will be invalid.

Please provide HOME ADDRESSES and HOME TELEPHONE NUMBERS where requested. This information is required for notification purposes. By providing your correct E-Mail address you will be assured of receiving notifications in a timely manner.

Dues amounts are REQUIRED or the form will be invalid.

Un-signed forms will be considered invalid.

YOUR PREPRINTED MEMBERSHIP CARDS WILL NOT BE ISSUED IF THESE INSTRUCTIONS ARE NOT FOLLOWED.

This form must be returned in the envelope provided for you in your Convention Packet. This form must be mailed at this time to:

Sons of the American Legion
Detachment of California, Adjutant
P.O. Box 2702
Escondido, CA 92033

Questions:

Jeffrey E. Flynt
760-803-5080 Cell Phone
760-747-5070 Fax
SAL149JEFF@AOL.COM