

**Sons Of The American Legion
New Member "BLUE BRIGADE" Recruiter Award
Certification Form - 2018**

SQUADRON: Retain copy for your records

SUBMIT THIS FORM TO NATIONAL HEADQUARTERS (Prior to May 11, 2018)

By Mail:

BLUE BRIGADE AWARD
C/O National S.A.L. Liaison
P.O. Box 1055
Indianapolis, IN 46206

By Email:

sal@legion.org

Fax:

(317) 630-1413

The following S.A.L. member in the Detachment of _____ has enrolled 30 or more new members into the Sons of The American Legion by the May target date (**May 9, 2018**). (reactivated members do not count)

This S.A.L. "Blue Brigade" award will be my:

My first S.A.L. "Blue Brigade" award

My (Specify number of times) _____ "Blue Brigade" award

(Please Circle Jacket Size)

Sizes: S M L XL XXL XXXL

Name _____ Squadron # _____

Award Recipient S.A.L. Membership Number _____

Address _____

Address [NO P.O. Boxes]

City

State ZIP

Phone: (____) _____ - _____

Total new members enrolled _____ (minimum 30)

First-time "Blue Brigade" awardee receive a S.A.L. "Blue Brigade" jacket and certificate.

Consecutive year awardee receive a S.A.L. "Blue Brigade" certificate and chevron.

SONS OF THE AMERICAN LEGION CERTIFICATION FORM NEW MEMBER LISTING

Department Adjutant (signature)

Squadron Adjutant (signature)

Date

Address

USE ADDITIONAL SHEETS IF NECESSARY

Date

#	9-Digit Member ID#	Name	Detachment	Squadron Number
1				
2				
3				
4				
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25				
26				
27				
28				

USE ADDITIONAL SHEETS IF NECESSARY

**Sons Of The American Legion
New Member "BLUE BRIGADE" Recruiter Award
-5th Consecutive Year-
Certification Form - 2018**

Departments: Send to National Headquarters by the May Target Date

The following member of the Detachment of _____ has been awarded for the fifth consecutive year or more the S.A.L. "Blue Brigade" Award.

The recipient is awarded a **\$150.00 gift certificate** redeemable at:

National Emblem Sales

Name _____ Squadron # _____

Award Recipient S.A.L. Membership Number _____

Years of receiving the S.A.L. "Blue Brigade" award 20____-20____

Certified:

Department Adjutant (signature) _____

Date _____