



S.A.L. Detachment of California Certification of Squadron Officials Form



This **MUST** be completed each year, whether officers are new or repeating.

PLEASE TYPE OR PRINT CLEARLY

For Year **2017** to **2018**

(Name of Squadron) Squad No. _____ District No. _____

Squad Annual Dues (Regular) \$ _____	Jr, (Under 21) \$ _____	Dual \$ _____
Day of Regular Squadron Meetings: _____ Time: _____ Place: _____		
Squadron Mailing Address _____		

Commander _____ **Member ID#** _____

Address _____ City _____ Zip _____

Telephone Number _____ Email _____

Adjutant _____ **Member ID#** _____

Address _____ City _____ Zip _____

Telephone Number _____ Email _____

Finance Officer _____ **Member ID#** _____

Address _____ City _____ Zip _____

Telephone Number _____ Email _____

1st Vice _____ **Member ID#** _____

Address _____ City _____ Zip _____

Telephone Number _____ Email _____

SAL Advisor _____ **Member ID#** _____

Address _____ City _____ Zip _____

Telephone Number _____ Email _____

CERTIFIED BY: _____ **Position:** _____

Signature: _____