



# 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 \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
(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: \_\_\_\_\_