

2014 – 2015 Squadron Certification Form

PLEASE PRINT OR TYPE ALL INFORMATION

SEND THIS FORM WITHIN 7 DAYS FOLLOWING SQUADRON ELECTION

OFFICE NAME COMPLETE HOME ADDRESS & ZIP CODE

*CMDR _____

VICE CMDR _____

VICE CMDR _____

*ADJ _____

FINANCE _____

CHAPLAIN _____

JUDGE AD _____

HISTORIAN _____

SGT-ARM _____

Regular Squadron Meeting _____ Time _____ Annual Dues _____

*Post Address _____ * Post Phone _____

*Commander Phone _____ *EMAIL _____

* Adjutant Phone _____ *EMAIL _____

EACH SQUADRON IS REQUIRED TO PAY \$4.00 BOND FEE. YOU MUST SUBMIT THIS FEE WITH YOUR CERTIFICATION OF OFFICERS IN ORDER TO RECEIVE YOUR NEW MEMBERSHIP CARDS.

BOND \$4.00 CHECK # _____

Signed _____ Date _____

Commander / Adjutant

***NOTE: We must have the complete address, phone and EMAIL for the Commander and Adjutant.**

MAILING ADDRESS:

SAL DETACHMENT OF GEORGIA

3035 MOUNT ZION ROAD

STOCKBRIDGE, GA 30281

ELECTED OFFICERS CARDS MUST BE PROCESSED PRIOR TO INSTALLATION