**2024 - 2025 S.A.L. SQUADRON OFFICER CERTIFICATION FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To: Department Adjutant | | | Detachment ADJ | | |  |  | |  |
|  | |  | | | |  |  | |  |
| From: |  | | | | | | Squadron # | |  |
| (Name of Squadron) | | | | | | |  | |  |
|  | | | | | | |  | |  |
|  | | |  |  |  |  | |  |  |
| (City) | | |  | (District) |  | (County) | |  | (Date) |

***MEMBERSHIP MATERIALS ARE SENT VIA USPS. PLEASE PROVIDE A STREET ADDRESS OR P.O. BOX FOR DELIVERY OF MEMBERSHIP CARDS IN THIS SPACE***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ship Membership Cards to:** | |  | | | | |
|  |  | |  |  |  |  |
|  | | |  |  |  |  |
| **STREET ADDRESS** | | |  | CITY |  | ZIP |

**IMPORTANT: MEMBERSHIP CARDS FOR THE YEAR WILL BE SHIPPED UPON RECEIPT OF THIS CERTIFICATION. THE INFORMATION SUBMITTED ON THIS FORM WILL BE PRINTED IN THE DEPARTMENT BLUE BOOK.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Squadron Commander** |  | | | | | | | | |  | |  | | | | |
| Name: |  | | | | | | | | | ID #: | |  | | | | |
|  |  | | | |  | | | | |  | |  | | | | |
| Address: |  | | | | | | | | | City / Zip: | |  | | | | |
|  |  | | | |  | | | | |  | |  | | | | |
| Primary Phone: |  | | | | | |  | | | Alt Phone: | |  | | | | |
| Please check type | Cell | |  | Home | |  |  | | |  | | Cell |  | Home |  |  |
|  |  | | | | | | | | |  | |  | | | | |
| Email: |  | | | | | | | | |  | |  | | | | |
|  |  | | | |  | | | | |  | |  | | | | |
| **Squadron Adjutant** |  | | | |  | | | | |  | |  | | | | |
| Name: |  | | | | | | | | | ID #: | |  | | | | |
|  |  | | | |  | | | | |  | |  | | | | |
| Address: |  | | | | | | | | | City / Zip: | |  | | | | |
|  |  | | | |  | | | | |  | |  | | | | |
| Home Phone: |  | | | | | |  | | | Cell Phone: | |  | | | | |
| Please check type | Cell | |  | Home | |  |  | | |  | | Cell |  | Home |  |  |
|  |  | | | | | | | | |  | |  | | | | |
| Email: |  | | | | | | | | |  | |  | | | | |
|  |  | | | |  | | | | |  | |  | | | | |
| **\*\* Squadron Advisor** |  | | | | **MUST HAVE THIS INFORMATION!!** | | | | | | | | | | | |
| **Name:** |  | | | | | | | |  | **Email:** | |  | | | | |
| **ID#** |  | | | | | | | |  |  | |  | | | | |
|  |  | | | | | | | |  |  | |  | | | | |
| **Squadron Information** |  | | | | | | | | |  | |  | | | | |
|  |  | | | | | | | | |  | |  | | | | |
| Post Home Location: | |  | | | | | | | | | City/Zip: |  | | | | |
|  | (Street address) | | | | | | | | |  | |  | | | | |
| Squadron |  | | | | | | | | |  | |  | | | | |
| Mailing Address: |  | | | | | | | | | City/Zip: | |  | | | | |
|  |  | | | |  | | | | |  | |  | | | | |
| Post Phone: |  | | | | | |  | E-Mail: | | | |  | | | | |
|  |  | | | |  | | | | |  | |  | | | | |