**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.**

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| **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: |  |
|  |  |  |  |  |