

20\_\_ - 20\_\_ S.A.L. SQUADRON OFFICER CERTIFICATION FORM

To: Department Adjutant

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: \_\_\_\_\_