

**Sons Of The American Legion**  
**New Member "BLUE BRIGADE" Recruiter Award**  
**2019 Certification Form**

**DETACHMENT ADJUTANT: Retain copy for your records**

**SUBMIT THIS FORM TO NATIONAL HEADQUARTERS (Prior to July 24, 2019)**

By Mail:

BLUE BRIGADE AWARD

C/O National S.A.L. Liaison

P.O. Box 1055

Indianapolis, IN 46206

By Email:

[sal@legion.org](mailto:sal@legion.org)

By Fax:

(317) 630-1413

The following S.A.L. member in the Detachment of \_\_\_\_\_  
has enrolled 30 or more **NEW MEMBERS** into the Sons of The American Legion by the **July Target Date (July 24, 2019)**. (Reactivated members do not count)

**Cutoff: 30 days prior to the S.A.L. National Convention**

This S.A.L. "Blue Brigade" award will be my:

A. First S.A.L. "Blue Brigade" Award

B. Other (Specify 2<sup>nd</sup> time or more qualified) \_\_\_\_\_

*(PLEASE ENSURE PRINTED FORMS ARE LEGIBLE...)*

*(Please Select Jacket Size)*

Size: (""""S M L XL 2XL 3XL 4XL 5XL)

NAME \_\_\_\_\_ SQUADRON NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
City State Zip Member ID#

PHONE: (\_\_\_\_) \_\_\_\_\_ Number of **NEW MEMBERS** enrolled (minimum 30) \_\_\_\_\_

**USE ATTACHED NEW MEMBER LISTING FORM**

Consecutive year awardee receives a S.A.L. "Blue Brigade" Certificate and Chevron

**SONS OF THE AMERICAN LEGION  
CERTIFICATION FORM  
NEW MEMBER LISTING**

#	9-Digit Member ID#	Name	Detachment	Squadron Number
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\_\_\_\_\_  
Department Adjutant (signature)

\_\_\_\_\_  
Detachment Adjutant (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**USE ADDITIONAL SHEETS IF NECESSARY**