SONS OF THE AMERICAN LEGION RECRUITER OF THE YEAR AWARD FORM

In the Detachment of _____, the top new member recruiter of
(State)
membership enrolled for the current membership year and received and verified by the Detachment Headquarters as of the 105% target date as determined by the National Organization is:

Nominee Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Squadron Name: _____ Squadron No. _____

Detachment: _____ Cover Size: _____ Member ID No. _____

Number of new members recruited _____ (minimum 50 required)

(Complete the attached new member certification form of newly recruited members)

Attn: **Squadron Officers** - this award form must be sent to your state American Legion Department / Detachment state headquarters office for approval and processing. Click here www.legion.org/about/organization/departments to locate your states contact info.

Attn: **Detachment Officers** - submit to National Headquarters via one (1) of the below options:

Email: SALawards@legion.org **---> Enter Subject Line**: Recruiter of the Year Award

Mail: The American Legion
Attn: SAL Awards
700 N. Pennsylvania Street
Indianapolis, IN 46204

Questions: 317-630-1327

This form must reach National Headquarters before the national 105% Delegate Strength Membership Target Date (due 30 days prior to National Convention)

NOTE: In the event of a tie, the winner will be the award certification form with the highest number of newly recruited members and the earliest postmarked form mailed and/or electronically received by The American Legion National Headquarters office.

SONS OF THE AMERICAN LEGION

RECRUITER OF THE YEAR | NEW MEMBER CERTIFICATION

#	Member ID No.	First & Last Name	#	Member ID No.	First & Last Name
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

By signing below you and have verified the said applicant has done the necessary work to recruit the above listed new members, themselves.

ATTEST

Squadron Adjutant - signature
Type your First and Last Name to serve as your digital signature

Detachment Adjtuant - signature
Type your First and Last Name to serve as your digital signature

Date _____ **Date** _____

Date Format: mm /dd / yyyy (select dates by clicking inside above boxes)

USE ADDITIONAL SHEETS AS NECESSARY