



Certification of Eligibility for Squadron Officers

Date: _____ Squadron# _____ Year: 20__/20__

Commander: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Vice Commander: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Vice Commander: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Adjutant: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Finance: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Sergeant-At-Arms: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Chaplin: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Historian: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Committee Chairman

Membership: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

V A & R: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Americanism: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Children & Youth: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Public Relations: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Community Service: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

Legislative: _____ ID Number _____
Address: _____ City _____ Zip _____
Phone: _____ E-Mail _____

I hereby certify that each of the above officers are eligible for membership In
The Sons of The American Legion.

(Signed) _____ Date: _____
(Squadron Adjutant)

(Note original to Detachment Adjutant and copy retained by Squadron)