



Sons of The American Legion Detachment of Maryland

Squadron Certification Form

Squadron Name and Number: _____

Home Post's Address and Phone: _____

Meeting Night and Time: _____

Squadron Commander Name: _____

Squadron Commander Address: _____

Squadron Commander Phone: _____ E-Mail Address: _____

Squadron Adjutant Name: _____

Squadron Adjutant Address: _____

Squadron Adjutant Phone: _____ E-Mail Address: _____

Squadron Advisor Name: _____

Squadron Advisor Address: _____

Squadron Advisor Phone: _____ E-Mail Address: _____

I certify that the above information is
correct to the best of my knowledge.

(Signature) _____

(Name)

(Title)

Certified officers for administrative year: _____

Please mail form to: DETACHMENT OF MARYLAND
3115 ORCHARD AVE.
BALTIMORE, MD 21234