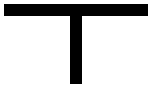
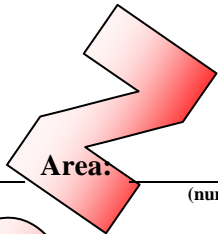




SONS OF THE AMERICAN LEGION
DETACHMENT OF CALIFORNIA
CERTIFICATION OF SQUADRON OFFICIALS



FOR LEGION YEAR 200 TO 200



Officials elected to serve Squadron Number: _____ District: _____ Area: _____
(number) (number) (number)

Squadron Name: _____ at _____
(squadron name) (city located in) (state)

Squadron Meeting Date: _____ at _____
(day[s] - date[s]) (time)

Squadron Meeting Location: _____
(address or location name - Post# etc)

Dues amounts: _____
as applicable (regular membership) (dual Membership) (members under 21 years old)

IMPORTANT – Please read instructions on page (2) two before you begin complete name, phone number, mailing, and e-mail address for each officer listed.

Commander:

(Squadron Commander's Full Name) (membership number)

(home Address) (city) (state) (zip+4)

(home telephone number) (cell or other telephone number) (E-Mail Address)

Adjutant:

(Squadron Adjutant's Full Name) (membership number)

(home Address) (city) (state) (zip+4)

(home telephone number) (cell or other telephone number) (E-Mail Address)

Advisor:

(Squadron Advisor's Full Name) (legion membership number)

(home Address) (city) (state) (zip+4)

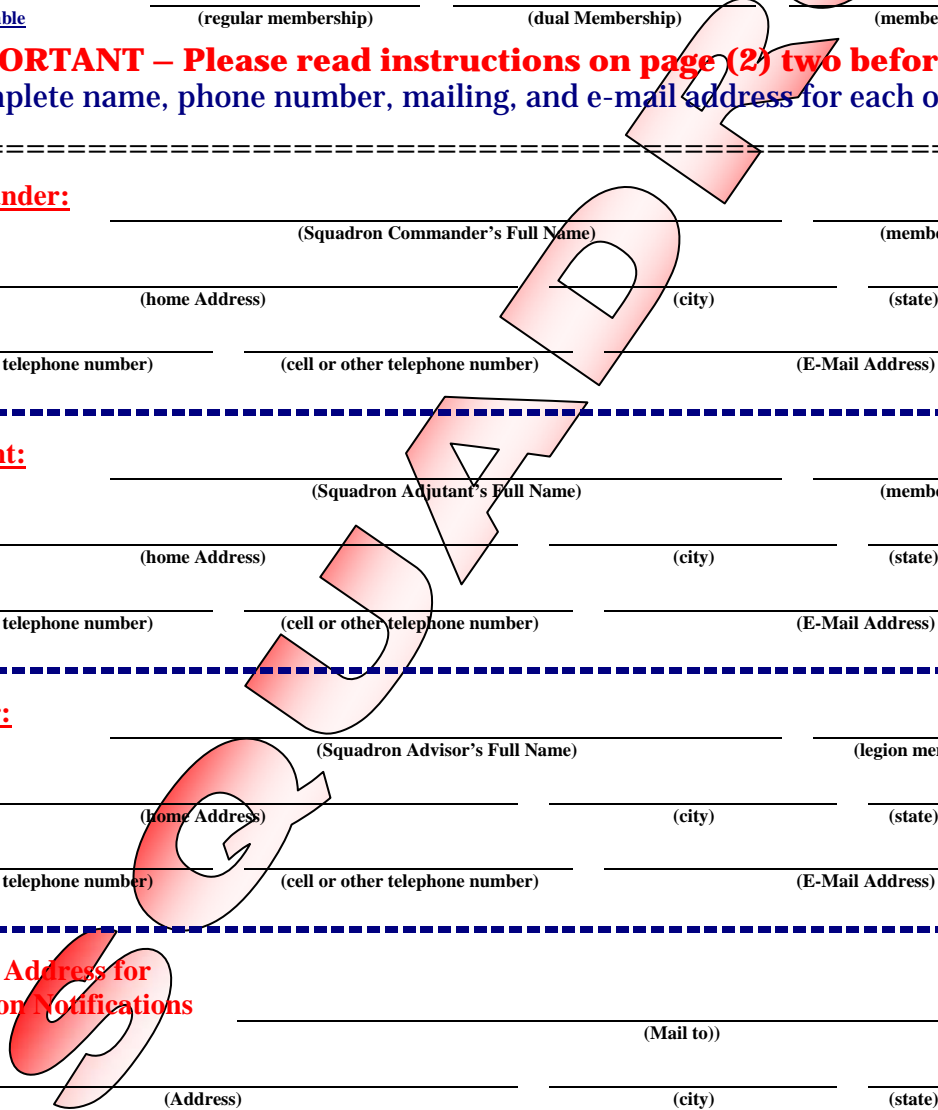
(home telephone number) (cell or other telephone number) (E-Mail Address)

Official Address for Squadron Notifications

(Mail to)

(Address) (city) (state) (zip+4)

(certified by) (title) (date)





SONS OF THE AMERICAN LEGION
DETACHMENT OF CALIFORNIA
CERTIFICATION OF SQUADRON OFFICIALS

INSTRUCTIONS FOR THIS FORM

Please print clearly.

This form is a WEB-PDF FORM. You may complete the form online. You must print and mail/fax the form to one of the addresses below. This form will not be electronically sent anywhere!

This form must be completely filled out and all information is required. All information will be kept confidential by the Department/Detachment of California.

Please remember that this is a **CERTIFICATION** and certain information is required per Department/Detachment policy.

Membership Numbers are **REQUIRED** or the form will be invalid.

Please provide **HOME ADDRESSES** and **HOME TELEPHONE NUMBERS** where requested. This information is required for notification purposes. By providing your correct E-Mail address you will be assured of receiving notifications in a timely manner.

Dues amounts are **REQUIRED** or the form will be invalid.

Your preprinted membership cards will not be issued if these instructions are not followed.

Un-signed forms will be considered invalid.

This form must be mailed to:

**ATTN: Detachment Adjutant
S.A.L. Detachment of California
401 Van Ness Avenue, Suite 117
San Francisco, California 94102-4587**

You may FAX this form with a cover sheet to:

**Detachment Adjutant
S.A.L. Detachment of California
415 255-1571**