

SONS OF THE AMERICAN LEGION
SQUAD OFFICER CERTIFICATION 2008-09

SQUADRON# _____ DIST# _____ CITY _____

REGULAR MEETING NIGHT _____

TIME OF MEETING _____

SQUADRON LOCATION _____

NAME

ADDRESS

PHONE

COMMANDER _____

ADJUTANT _____

FINANCE
OFFICER _____

****NOTE:** This form is to be sent to:

THE AMERICAN LEGION
PO BOX 26657
RALEIGH, NC 27611

SIGNATURE

DATE

**THIS FORM MUST BE COMPLETED AND RETURNED IN ORDER
FOR YOU TO RECIVE YOUR ROSTER AND RENEWAL CARDS FOR
THE 2008-09 MEMBERSHIP YEAR**