**2022-2023 Squadron Certification Form**

**PLEASE PRINT OR TYPE ALL INFORMATION SQD # \_\_\_\_\_\_\_\_, District: \_\_\_\_\_**

**FORM MUST BE MAILED IN SEVEN (7) DAYS AFTER SQUADRON ELECTIONS**

**OFFICE NAME COMPLETE HOME ADDRESS & ZIP CODE**

**\*CMDR**

VICE CMDR

VICE CMDR

**\*ADJ**

FINANCE

CHAPLAIN

JUDGE AD

HISTORIAN

SGT-ARM

**\*Regular Squadron Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Time \_\_\_\_\_\_\_\_\_\_\_\_\_ \*Annual Dues \_\_\_\_\_\_\_\_**

**\*Actual Post Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Post Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Commander Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Adjutant Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EACH SQUADRON IS REQUIRED TO PAY $4.00 BOND FEE. YOU MUST SUBMIT THIS FEE WITH YOUR CERTIFICATION OF OFFICERS IN ORDER TO RECEIVE YOUR NEW MEMBERSHIP CARDS.**

**BOND $4.00 CHECK # \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Commander / Adjutant**

**\*NOTE: We must have the complete address, phone and EMAIL for the Commander and Adjutant. ( \* Required Fields )**

**MAILING ADDRESS:**

**SAL DETACHMENT OF GEORGIA, c/o Ronnie Grist**

**630 Elliott Dr NW**

**Rome, GA 30165-1010**

**NOTE: All Officers’ membership cards should be processed prior to installation.**