John E. Webster
Membership Service Award

Certification Of Members Secured

Squadron # _____ Address _____

Date _____ _____

This is to certify that the following S. A. L. member/s of this Squadron have signed up new or reinstated members of this Squadron of the Sons of The American Legion as shown opposite their respective names.

Signed: _____ Signed: _____

S. A. L. Adjutant/Advisor S. A. L. Commander

Name of Recruiter	Name of New Member	Name of Reinstated

Instructions: Each report shall include names of members secured in each category.

Certification Form: This form must be postmarked by **JUNE 1st**, to

Sons of The American Legion
John Webster Award
PO Box 388
Portage, WI 53901-0388

mll 4-2010