

**SONS OF THE AMERICAN LEGION
CERTIFICATION FORM
NEW MEMBER LISTING**

#	Name	Detachment	Squadron Number
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#	Name	Detachment	Squadron Number
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Department Adjutant (signature)

Squadron Adjutant (signature)

Date

Date

USE ADDITIONAL SHEETS IF NECESSARY

CERTIFICATION FORM

SONS OF THE AMERICAN LEGION

BLUE BRIGADE

FIFTH CONSECUTIVE YEAR OR MORE AWARD

Departments: Send to National Headquarters by the May Target Date

The following member of the Detachment of _____ qualifies for the fifth consecutive year or more S.A.L. "Blue Brigade" Award for enrolling thirty or more New members into the Sons of The American Legion by the May target date.

This award is a **\$150.00 gift certificate** for the following:

National Emblem Sales

(Please Type or Print)

Name _____ Post No. _____ Mem. ID# _____

Phone (____) _____ Years of being a S.A.L. Blue Brigader 20__ - 20__

Certified:

Department Adjutant (signature)

Date