

2025 - 2026 S.A.L. SQUADRON OFFICER CERTIFICATION FORM

To: Department Adjutant Detachment ADJ

From: _____ Squadron # _____
(Name of Squadron)

(City) (District) (County) (Date)

MEMBERSHIP MATERIALS ARE SENT VIA USPS. PLEASE PROVIDE A STREET ADDRESS OR P.O. BOX FOR DELIVERY OF MEMBERSHIP CARDS IN THIS SPACE

Ship Membership Cards to: _____

STREET ADDRESS

CITY

ZIP

IMPORTANT: MEMBERSHIP CARDS FOR THE YEAR WILL BE SHIPPED UPON RECEIPT OF THIS CERTIFICATION. THE INFORMATION SUBMITTED ON THIS FORM WILL BE PRINTED IN THE DEPARTMENT BLUE BOOK.

Squadron Commander

Name: _____ ID #: _____

Address: _____ City / Zip: _____

Primary Phone: _____ Alt Phone: _____
Please check type Cell ____ Home ____ Cell ____ Home ____

Email: _____

Squadron Adjutant

Name: _____ ID #: _____

Address: _____ City / Zip: _____

Home Phone: _____ Cell Phone: _____
Please check type Cell ____ Home ____ Cell ____ Home ____

Email: _____

** Squadron Advisor

MUST HAVE THIS INFORMATION!!

Name: _____ Email: _____

ID# _____

Squadron Information

Post Home Location: _____ City/Zip: _____
(Street address)

Squadron Mailing Address: _____ City/Zip: _____

Post Phone: _____ E-Mail: _____
