

**CERTIFICATION FORM  
 SONS OF THE AMERICAN LEGION  
 BLUE BRIGADE NEW MEMBER RECRUITER AWARD  
 2017**

**SQUADRON: RETAIN COPY FOR YOUR RECORDS  
 SEND TO: NATIONAL HEADQUARTERS ON OR BEFORE MAY 13, 2017.**

The following member in the Detachment of \_\_\_\_\_ qualifies for the S.A.L. "Blue Brigade" Award for enrolling 30 or more **NEW MEMBERS** into the Sons of The American Legion by the **May Target Date (May 10, 2017)**. **Reinstated members do not qualify as new members.**

First time qualifiers for the S.A.L. "Blue Brigade" receive:

An S.A.L. "Blue Brigade" Jacket and S.A.L. Blue Brigade Certificate

Second consecutive time (or more) qualifiers for the award receive:

An S.A.L. "Blue Brigade" Certificate and a "hash mark" for jacket sleeve.

**PLEASE CHECK THE APPROPRIATE BOX: You must be a SAL member in order to qualify for this award.**

This S.A.L. "Blue Brigade" award will be my:

- A. First S.A.L. "Blue Brigade" Award
- B. Other (Specify 2<sup>nd</sup> time or more qualified) \_\_\_\_\_

*(PLEASE TYPE OR PRINT...circle size)*

NAME \_\_\_\_\_ SQUADRON NO. \_\_\_\_\_

Size: (S.M.L.XL.XXL.XXXL)

MEMBER ID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

Address [NO P.O. Boxes] \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: (\_\_\_\_) \_\_\_\_\_ Number of **NEW MEMBERS** enrolled (minimum 30) \_\_\_\_\_

\_\_\_\_\_  
 Department Adjutant (signature)

\_\_\_\_\_  
 Squadron Adjutant (signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

**USE ADDITIONAL SHEETS IF NECESSARY**

\_\_\_\_\_  
 Date

**DEPARTMENT REMINDER-** forward a copy of this form **certified** and a list of the new members signed up to: S.A.L. National Liaison, The American Legion, PO Box 1055, Indianapolis, IN 46206. All forms are due by the May membership target date.

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

| <b>#</b> | <b>9-Digit Member ID#</b> | <b>Name</b> | <b>Detachment</b> | <b>Squadron Number</b> |
|----------|---------------------------|-------------|-------------------|------------------------|
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| 30       |                           |             |                   |                        |

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

| # | 9-Digit Member ID# | 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