**2024 – 2025 Squadron Certification Form**

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

**FORM MUST BE MAILED WITHIN SEVEN (7) DAYS OF 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SQUADRONS ARE NO LONGER REQUIRED TO PAY A BOND FEE**

**THIS CERTIFICATION FORM MUST BE SUBMITTED IN ORDER TO RECEIVE MEMBERSHIP CARDS**

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

 **Commander / Adjutant**

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

**MAILING ADDRESS:**

**Ronnie Grist Detachment Adjutant**

**29 Dewey Dr**

**Adairsville. GA 30103**

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