

**CERTIFICATION FORM
 SONS OF THE AMERICAN LEGION
 BLUE BRIGADE NEW MEMBER RECRUITER AWARD
 2010**

SQUADRON: RETAIN COPY FOR YOUR RECORDS

SEND TO: NATIONAL HEADQUARTERS ON OR BEFORE MAY 12, 2010.

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 12, 2010)** . **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 (ES):

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

A. First S.A.L. "Blue Brigade" Award

B. Other (Specify 2nd time or more qualified) _____

(PLEASE TYPE OR PRINT...circle size)

NAME _____ SQUADRON NO. _____

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

MEMBER ID NUMBER _____

Circle One: **SAL** **LEGION** **AUXILIARY**

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**

#	Name	Detachment	Squadron Number
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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