



Sons of The American Legion Detachment of Maryland Squadron Certification Form

Squadron Name and Number: _____

Home Post's Address and Phone: _____

Meeting Night and Time: _____

Squadron Commander's Name: _____

Squadron Commander's Address: _____

Squadron Commander's Phone: _____ E-Mail Address: _____

Squadron Adjutant's Name: _____

Squadron Adjutant's Address: _____

Squadron Adjutant's Phone: _____ E-Mail Address: _____

Squadron Chairman's Name: _____

Squadron Chairman's Address: _____

Squadron Chairman's Telephone: _____ E-Mail Address: _____

I certify that the above information
is correct to the best of my knowledge

(title)

Certified officers for administrative year 20__ - 20__.

Please mail form to:

**Sons of The American Legion
Detachment of Maryland
3115 Orchard Ave
Baltimore, MD 21234**