



# 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 Name: \_\_\_\_\_

Squadron Commander Address: \_\_\_\_\_

\_\_\_\_\_

Squadron Commander Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Squadron Adjutant Name: \_\_\_\_\_

Squadron Adjutant Address: \_\_\_\_\_

\_\_\_\_\_

Squadron Adjutant Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Squadron Advisor Name: \_\_\_\_\_

Squadron Advisor Address: \_\_\_\_\_

\_\_\_\_\_

Squadron Advisor Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

(Signature) \_\_\_\_\_

(Name)

(Title)

Certified officers for administrative year: \_\_\_\_\_

Please mail form to: DETACHMENT OF MARYLAND  
3115 ORCHARD AVE.  
BALTIMORE, MD 21234