SAL Detachment of California - CSO
Certification of Squadron Officers Form
- PLEASE TYPE OR PRINT CLEARLY -

PLEASE READ AND FOLLOW THESE INSTRUCTIONS

EVERY blank MUST be filled in completely and legibly. The Squadron mailing address is where pre-printed cards will be mailed each year. DO NOT leave any spaces blank, as the form will be returned. EMAILS are required. If an officer does not have an email, use a spouse's, child's, best friend's, etc. so that information will get to the individual. It is the 2020's and this is the way people communicate. We do also need USPS address and phone numbers, but we will NOT be chasing you down. No email = no info for your Squadron. The Adjutant is key to this form and our processes. The person listed here will automatically be enrolled in C. A. N. Commander, Adjutant and Advisor information MUST be personal and individual and NOT the Post/Sq. address or telephone.

Upon completion, please email to alex_brandon@msn.com prior to State Convention in June.   **YEAR 2024 – 2025**

Squadron Name_____ Sq. No. _____ District_____ Area _____

Squadron Mailing Address_____ (may be in care of

City/Zip _____ one of your officers)

Website, Facebook, etc. (If applicable) _____ Dues $_____

Commander_____ Membership No. _____

Address_____ City_____ Zip_____

Best Phone No._____ **Email**_____

*Adjutant_____ Membership No. _____

Address_____ City_____ Zip_____

Best Phone No._____ **Email**_____

Post Advisor to SAL Sq._____ Mmbr. No. _____

Address_____ City_____ Zip_____

Best Phone No._____ **Email**_____

*The Adjutant will automatically become a member of the California Adjutant's Network (C.A.N.) which provides much needed training, communication, and networking for, with, and through our Adjutants. If an Adjutant would like to name a potential replacement whom they are mentoring, that Son may also become a C.A.N. member. Additionally, any Commanders who wish to participate in C.A.N. may also join. This is done on an annual basis in conjunction with the filing of this form. The Adjutant and anyone else identified here will receive a lapel/cover pin at a cost of just $4 each to your Squadron.

Please check or circle YES here to add your Commander.   YES _____

Please give the name, membership no., address, phone, and email of any one (1) other member for mentoring here:

Name_____ Mmbr. No._____

Address_____ City_____ Zip_____

Best Phone_____ **Email**_____

I have read the instructions and certify the information on this form to be true and correct.

CERTIFIIED BY:

Signature_____ Please print name_____

Position (Preferably Adjutant) _____ DATE_____