



SONS OF THE AMERICAN LEGION DETACHMENT OF MICHIGAN

OFFICER ELIGIBILITY CERTIFICATION

Instructions: Post Adjutant or Commander please print clearly or type information in blanks provided. Return to Detachment Adjutant with 45 day of election or appointment of above S.A.L. Member.

Members Name: _____

This is to certify that the records of "Member Listed Above" have been duly examined, and I, _____ (Post Adjutant or Commander) did ascertain and do hereby confirm that the aforementioned member is eligible for membership in the Sons of the American Legion, and is a member in good of Squadron # _____ of _____ (city).

Post Adjutant or Commander - Signature and Date

Mail to: Steve Hamilton - 3030 Maple Ave., Kalamazoo, MI 49048

Email to: then.again@yahoo.com