SQUADRON INSTALLATION
SONS OF THE AMERICAN LEGION
DEPARTMENT OF VERMONT

Please Check One:

☐ 1ST DISTRICT ☐ 2ND DISTRICT
☐ 3RD DISTRICT ☐ 4TH DISTRICT
☐ 5TH DISTRICT

DATE: _____

THIS IS TO CERTIFY THAT: _____
Squadron Name

SQUADRON NO. _____

WAS INSTALLED ON _____
Date

BY: _____
INSTALLING OFFICER

SIGNED: _____
POST COMMANDER

This is to certify that proof of payment of dues for the current year of _____ have been shown to me by duly elected officers prior to their installation.
year

Signed: _____
Installing Officer

Date: _____

Squadron Commander shall fill out the first half of this form.

The Installing Officer shall fill out the second half of the form.

Proof of payment of dues MUST be in the form of a membership card

For the year in which they will serve in the Squadron concerned.

INSTALLING OFFICER SHALL FORWARD THIS FORM TO DEPARTMENT HEADQUARTERS