

SQUADRON OFFICER NOTIFICATION CERTIFICATION FORM #2 - OFFICERS FOR 2024-2025

AS AN ABSOLUTE MINIMUM, THE POST MUST CERTIFY THE SQUADRON COMMANDER, SQUADRON ADJUTANT, AND FINANCE OFFICER ACCORDING TO DETACHMENT CONSTITUTION AND BYLAWS. PRIOR TO THE SQUADRON RECEIVING THEIR MEMBERSHIP CARDS FROM THE DEPARTMENT.

SQUADRON NUMBER:							
POST NAME:							
POST MAILING ADDRESS:							
SQUADRON COMMANDER'S NAME:				DOB:			
MEMBER #:							
EMAIL ADDRESS:				HOME PHONE NUMBER:			
COMMANDER'S MAILING ADDRESS:				CELL PHONE NUMBER:			
CITY:				STATE:		ZIP CODE:	
SQUADRON ADJUTANT'S NAME:				DOB:			
MEMBER #:							
EMAIL ADDRESS:				HOME PHONE NUMBER:			
ADJUTANT'S MAILING ADDRESS:				CELL PHONE NUMBER:			
CITY:				STATE:		ZIP CODE:	
SQUADRON FINANCE OFFICER:				DOB:			
MEMBER #:							
EMAIL ADDRESS:				HOME PHONE NUMBER:			
FINANCE OFFICER'S MAILING ADDRESS:				CELL PHONE NUMBER:			
CITY:				STATE:		ZIP CODE:	
CERTIFYING OFFICER'S SIGNATURE							
CERTIFYING OFFICER'S PRINTED NAME						DATE OF CERTIFICATION	

CERTIFICATIONS MUST REACH 318 DONELSON PIKE, NASHVILLE TN, 37214 BY JUNE 10th, 2024 FOR SQUADRON DELEGATES TO BE ELIGIBLE TO VOTE AT THE DETACHMENT CONVENTION.