

SQUADRON OFFICER NOTIFICATION CERTIFICATION FORM #2 - OFFICERS FOR 2025-2026

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 9th, 2025 FOR SQUADRON DELEGATES TO BE ELIGIBLE TO VOTE AT THE DETACHMENT CONVENTION.