



**CERTIFICATION FORM
GOLD BRIGADE
SIXTH CONSECUTIVE YEAR OR MORE AWARD**

The following member of the Department of _____ qualifies for the sixth consecutive year or more Gold Brigade Award for enrolling fifty or more new members into The American Legion by May target date.

This award is a **\$150 check** and a “**Master Recruiter**” Legion cap, along with a Gold Brigade plaque, cap pin, and hash mark.

SEND TO: DEPARTMENT ON OR BEFORE THE MAY 15th

Note: Please type or print; Make sure all of the information below is complete to help avoid processing delays.

Name: _____ **Post No.** _____

Phone: _____ **Post City:** _____

Years qualifying for Gold Brigade: _____ **Cap size:** _____

Please specify crown type (Regular, Fort Knox, Women’s crown): _____

Please specify (Lined or Unlined): _____

Mandatory Insignia: **Yes** **No** **If yes, please list:** _____

Certified:

Post Adjutant (signature)

Date

Department Adjutant (signature)

Date