



CERTIFICATION FORM SILVER BRIGADE NEW MEMBER RECRUITER AWARD

POST: RETAIN COPY FOR YOUR RECORDS

SEND TO: DEPARTMENT HEADQUARTERS ON OR BEFORE MAY 15th

The following member in the Department of _____ qualifies for the Silver Brigade Award for enrolling 25 to 49 **NEW MEMBERS** into The American Legion by **May Target Date**.

Silver Brigaders receive a silver pin and a Silver Brigade certificate.

NAME: _____ POST NO: _____

ADDRESS: _____

PHONE: _____ Number of **NEW MEMBERS** enrolled (25 to 49): _____

Department Adjutant (signature)

Post Adjutant (signature)

Date

Date

USE ADDITIONAL SHEETS IF NECESSARY