



# SILVER BRIGADE

An Auxiliary member who recruits 25 or more new **2017 SENIOR** Auxiliary Members will qualify for enrollment in the Silver Brigade of the American Legion Auxiliary. TAL and SAL members are also eligible to receive this award.

Certification forms must be received by Department Headquarters no later than April 1, 2017.

## CERTIFICATION FORM

*Please type or print legibly*

Recruiter's Name: \_\_\_\_\_ Recruiter's Member ID#: \_\_\_\_\_

Recruiter's Dept: Wisconsin \_\_\_\_\_ Dist#: \_\_\_\_\_ Unit#: \_\_\_\_\_

Recruiter's Address: \_\_\_\_\_

Recruiter's Email: \_\_\_\_\_ Recruiter's Phone#: \_\_\_\_\_

### Names of TWENTY-FIVE New 2017 Senior Members recruited:

*NOTE: Forms submitted with less than 25 certified names will be disqualified.*

- |           |           |
|-----------|-----------|
| 1. _____  | 14. _____ |
| 2. _____  | 15. _____ |
| 3. _____  | 16. _____ |
| 4. _____  | 17. _____ |
| 5. _____  | 18. _____ |
| 6. _____  | 19. _____ |
| 7. _____  | 20. _____ |
| 8. _____  | 21. _____ |
| 9. _____  | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ |           |

<p><i>Certified by:</i></p> <p>Unit Secretary printed name: _____ Unit#: _____</p> <p>Unit Secretary <u>Signature</u> (required): _____</p> <p>Unit President printed name: _____</p> <p>Unit President Signature (required): _____</p> <p>Dept. Membership printed name: <u>Andrea Stoltz</u> _____ Dept: <u>WI</u></p> <p>Dept. Membership Signature (required): _____</p>	<p>UNITS – Please send forms to:</p> <p>American Legion Auxiliary  Department Headquarters  PO Box 140  Portage WI 53901</p>
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**Forms must be received at Department Headquarters by April 1, 2017.**

*Note: Silver Brigade winners will receive a special gift from the National President. Only one gift per Silver Brigade winner.*