



Silver Brigade Award



ENTRY FORM (Please Type or Print Legibly)

Recruiter's Name: _____

Member of: ALA TAL SAL Recruiter Member ID #: _____

Recruiter's Department: _____ Unit, Post or Squadron #: _____

Recruiter's Address: _____

Names of TWENTY-FIVE New Senior Auxiliary Members Recruited:
NOTE: Form 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. _____ | |

Unit Secretary Signature (required): _____
Unit President Signature (required): _____
Certified by: Unit #: _____ Department: _____
Department Secretary Signature (required): _____

THIS FORM MAY BE DUPLICATED

NOTE: Employees of the Auxiliary, Legion or Sons (Department and National levels) are NOT eligible