CERTIFICATION FORM
"DEPARTMENT BRONZE BRIGADE"
NEW MEMBER RECRUITER AWARD

POST: **RETAIN COPY FOR YOUR RECORDS**
SEND TO: **DEPARTMENT BY MAY 1st**

The following member in the Department of Michigan qualifies for the "Department Bronze Brigade" Award for enrolling 10 **NEW MEMBERS*** into The American Legion by May 1st. (**Please attach the list of names with each nomination form**).

Qualifiers for the "Bronze Brigade" receive:
Framed Certificate and 10 Star pin

NAME _____ POST NO. _____ ID# _____

ADDRESS_____
City State Zip
PHONE: (___) _____ Number of **NEW MEMBERS** enrolled (at least 10) _____

_____
Department Adjutant (signature)

_____
POST ADJUTANT (signature)

_____
Date

_____
ADDRESS

_____
DATE (Cannot be after May 1st)

USE ADDITIONAL SHEETS IF NECESSARY

***A "**NEW**" member is defined as ANY eligible veteran who was not a paid member, in good standing, for the 2016 membership year or first-time member for 2017. Transfers do not count as new member.