

2023-2024
Certification Form
Gold Brigade New Member Recruiter Award



Date: ____/____/____

Mail to: Department of Florida
PO Box 547859
Orlando, FL 32854

Fax: (407) 299-0901
Email: membership@floridalegion.org

KEEP A COPY FOR YOUR RECORDS

The following member of the Department of Florida qualifies for the "Gold Brigade" Award for enrolling 50 or more NEW MEMBERS into The American Legion by May 8, 2024.

Attach a list of new members (use the form on next page to list members)

| | | | | | | | | |
|---|----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| This "Gold Brigade" award will by my: PLEASE CHECK THE APPROPRIATE BOX(ES): | | | | | | | | |
| <input type="checkbox"/> First "Gold Brigade" award <input type="checkbox"/> Second to fourth award (specify occurrence) _____ | | | | | | | | |
| <input type="checkbox"/> Seventh time and beyond (specify occurrence) _____ | | | | | | | | |
| Check one: <input type="checkbox"/> Jacket <input type="checkbox"/> Polo Shirt <input type="checkbox"/> ¼ Zip Unisex Sweater | | | | | | | | |
| Ladies' Jacket / Polo | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL | <input type="checkbox"/> 2XL | <input type="checkbox"/> 3XL | | |
| Men's Jacket / Polo | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL | <input type="checkbox"/> 2XL | <input type="checkbox"/> 3XL | <input type="checkbox"/> 4XL | <input type="checkbox"/> 5XL |
| Men's Jacket - Tall | <input type="checkbox"/> L | <input type="checkbox"/> XL | <input type="checkbox"/> 2XL | <input type="checkbox"/> 3XL | <input type="checkbox"/> 4XL | <input type="checkbox"/> 5XL | <input type="checkbox"/> 6XL | |
| ¼ Zip Unisex Sweater | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL | <input type="checkbox"/> 2XL | <input type="checkbox"/> 3XL | <input type="checkbox"/> 4XL | |

Name _____ Post# _____

Address _____

City _____ State _____ Zip _____

NUMBER OF NEW MEMBERS ENROLLED _____ Phone# (____) _____
(minimum 50)

Department Adjutant Signature

Post Adjutant Signature

Date

Date

DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY

Date Received _____ Date Shipped _____

MAIL TO BE RECEIVED AT DEPARTMENT ON OR BEFORE MAY 8, 2024

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| | | | | | |
|----|--|----|--|----|--|
| 1 | | 26 | | 51 | |
| 2 | | 27 | | 52 | |
| 3 | | 28 | | 53 | |
| 4 | | 29 | | 54 | |
| 5 | | 30 | | 55 | |
| 6 | | 31 | | 56 | |
| 7 | | 32 | | 57 | |
| 8 | | 33 | | 58 | |
| 9 | | 34 | | 59 | |
| 10 | | 35 | | 60 | |
| 11 | | 36 | | 61 | |
| 12 | | 37 | | 62 | |
| 13 | | 38 | | 63 | |
| 14 | | 39 | | 64 | |
| 15 | | 40 | | 65 | |
| 16 | | 41 | | 66 | |
| 17 | | 42 | | 67 | |
| 18 | | 43 | | 68 | |
| 19 | | 44 | | 69 | |
| 20 | | 45 | | 70 | |
| 21 | | 46 | | 71 | |
| 22 | | 47 | | 72 | |
| 23 | | 48 | | 73 | |
| 24 | | 49 | | 74 | |
| 25 | | 50 | | 75 | |

****DUPLICATE FORM AS NECESSARY****