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| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |
|  | | | | | | |
| Address |  | | | | | |
|  | | | | | | |
| City |  | | |  | State/Zip |  |
|  | | | | | | |
| Telephone |  | | | |  | |
|  | | | | | | |
| E-mail Address | |  | | |  | |
|  | | | | | | |
| Squadron Number | | |  |  | City |  |

I am eligible for membership in the Florida SAL Past Commander’s Club by virtue of my selection below. Please select all positions that apply and give terms of office.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Past Squadron Commander |  | Term(s) |  |
|  | | | | |
|  | Past District Commander |  | Term(s) |  |
|  | | | | |
|  | Past Area Commander |  | Term(s) |  |
|  | | | | |
|  | Past Detachment Commander |  | Term(s) |  |
|  | | | | |
|  | Past National Vice Commander |  | Term |  |
|  | | | | |
|  | Past National Commander |  | Term |  |

I hereby submit this application for membership in the Florida SAL Past Commander’s Club. I agree that the above information is correct and I will inform the Secretary if there are any changes in this information. Included with this application, I am submitting $5.00 for my dues for this membership year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Signature |  |  | Date |  |
|  | | | | |
| PCC Ofcr Signature |  |  | Date |  |