|  |  |
| --- | --- |
| 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 |       |