

SONS OF THE AMERICAN LEGION
DETACHMENT OF FLORIDA



APPLICATION FOR
FIVE-STAR AWARD

_____, 20____
Date

_____, FL
City

ZIP

TO: The American Legion, Department Headquarters

This is to certify that _____ a member of Squadron # _____

Detachment of **Florida**, City of _____ has successfully completed his test on:



(1) PATRIOTISM



(2) CITIZENSHIP



(3) DISCIPLINE



(4) LEADERSHIP



(5) LEGIONISM



(6) Has passed all of the above Star Award Tests and is
Entitled to have the Five Star Award Medal



Please mail the above insignia to: _____

Attested by _____
Post Adjutant

Post #

City

Approved by: _____
Department Officer

NOTE: This form is to be mailed to **Department Headquarters** along with a check in the amount of the medal (See Emblem Sales Catalog for current prices) and made out to The American Legion Emblem Sales. Insignia for the Five-Star Award can only be given by certification.

All orders must first be approved by Department or Detachment Headquarters and sent together with the remittance to **The American Legion Emblem Sales, PO Box 1050, Indianapolis, Indiana 46206-1050.**