2024-2025 Certification Form Gold Brigade Sixth Consecutive Year Award



Date:

Mail to:	Department of Florida PO Box 547859 Orlando, FL 32854	Fax: Email	mambarahin@flaridalagian ara		
	KEEP A COP	Y FOR YOUR RECO	<u>ORDS</u>		
	ring member of the Department of gade" Award for enrolling 50 or mo				
This award		cruiter" Legion cap, ald	ong with a Gold Brigade plaque, cap		
	Attach a list of new members	(use the form on next	page to list members)		
Crown T	Γype: □ Regular □ Fort Knox	☐ Women's Crown	Lining: □ Lined □ Unlined		
Cap Size: Mandatory Insignia: Yes Orange					
Name			Phone#(
Post#	Post City	Years qu	alifying for Gold Brigade		
Number of	f new members enrolled	(minimum 50)			
Departme	ent Adjutant Signature	Post Adjur	tant 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 7, 2025

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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