

**2024-2025  
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 7, 2025.

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

<b>This "Gold Brigade" award will by my:</b> 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) _____								
<b>Check one:</b> <input type="checkbox"/> Jacket <input type="checkbox"/> Polo Shirt <input type="checkbox"/> ¼ Zip Unisex Sweater								
<b>Ladies' Jacket / Polo</b>	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL	<input type="checkbox"/> 3XL		
<b>Men's Jacket / Polo</b>	<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
<b>Men's Jacket - Tall</b>	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL	<input type="checkbox"/> 4XL	<input type="checkbox"/> 4XL	<input type="checkbox"/> 5XL	<input type="checkbox"/> 6XL	
<b>¼ Zip Unisex Sweater</b>	<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 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

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