



# Silver Brigade Award



## ENTRY FORM (Please Type or Print Legibly)

Recruiter's Name: \_\_\_\_\_

Member of:  ALA  TAL  SAL

Recruiter Member ID #: \_\_\_\_\_

Recruiter's Department: \_\_\_\_\_

Unit, Post or Squadron #: \_\_\_\_\_

Recruiter's Address: \_\_\_\_\_

**Names of TWENTY-FIVE New Senior Auxiliary Members Recruited:**  
***NOTE: Form submitted with less than 25 certified names will be disqualified.***

- |           |           |
|-----------|-----------|
| 1. _____  | 14. _____ |
| 2. _____  | 15. _____ |
| 3. _____  | 16. _____ |
| 4. _____  | 17. _____ |
| 5. _____  | 18. _____ |
| 6. _____  | 19. _____ |
| 7. _____  | 20. _____ |
| 8. _____  | 21. _____ |
| 9. _____  | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ |           |

Unit Secretary Signature (required): _____
Unit President Signature (required): _____
Certified by: Unit #: _____ Department: _____
Department Secretary Signature (required): _____

**THIS FORM MAY BE DUPLICATED**



**ANY MODIFICATION TO THIS AWARD FORM WILL NOT BE ACCEPTED AS AN ELIGIBLE ENTRY.**

**NOTE:** *Employees of the Auxiliary, Legion or Sons (Department and National levels) are NOT eligible*