

**Detachment of Montana SAL Top Recruiter Award**

This is an application for the SAL Top Recruiter in the Department of Montana. The SAL member who submits the largest count of new members for the current membership year will receive the award.

The individual must meet the requirements and directions listed below:

• Minimum of 10 new members to S.A.L. **Must be new members only**, no renewals!

• This application does not guarantee that the applicant will receive the Top Recruiter Award since and a conclusion of who is awarded at the Department Convention in June.

All information must be legible. **Un-readable forms will not be accepted.**

* **The new members membership record must be available on the national database.**
* **This form must be sent prior to midnight May 31st**

**Recruiter Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Squadron Name/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# New SAL Member Information

#1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#4 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#5 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#6 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#7 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#8 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#9 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#10 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#11 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#12 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#13 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#14 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#15 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Digit ID Card# or Membership ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Use a separate page if needed if the Recruiter has more than 15 New members. Make sure to attach that page to this application.**

# Verifying Signatures

Squadron Adjutant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Squadron Commander: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:**

If the Recruiter has recruited 30 or more members, he is also eligible for the National Blue Brigade award and can request for that application to submit to National SAL

Once the application is received and validated, the Detachment Adjutant will work with the Detachment Membership committee to review and determine the outcome of who recruited the most in Montana. The Department Adjutant and Commander will sign the applicant’s application identifying that this person is the Top Recruiter and the Applicant will be recognized at the Department Convention Meeting, unless otherwise coordinated.

All applicants will be recognized for their efforts, but only in the case of a tie, will this award be shared.

**\*\*\*\* DETACHMENT USE ONLY \*\*\*\***

**Sign Only if the Applicant is the Top Recruiter**

Detachment Adjutant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detachment Commander: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN COMPLETED FORMS TO: SAL Detachment of Montana via mail: PO BOX 6075, Helena MT 59604 or email Detachment Adjutant for assistance.**

**THIS AWARD IS THE ONLY AWARD FOR 1 (ONE) SAL MEMBER IN THE DETACHMENT OF MONTANA. THEREFORE, ITS DISTRIBUTION WILL BE MADE AT THE DETACHMENT CONVENTION MEETING OR COORDINATED WITH THE DETACHMENT LEADERSHIP AT A TIME AND PLACE BEST SUITED FOR PRESENTATION**