

APPENDIX G MEMBERSHIP

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MEMBERSHIP AWARDS

DEPARTMENT INDIVIDUAL AWARDS

1. ***“I Got 1” Pin Award – V and X Attachments.*** In an effort to bring **NEW MEMBERS** into The American Legion, and “I Got 1” pin is available to any Legionnaire, Auxiliary or SAL member who enrolls at least one new legion member during the membership year. This award is given on a one-pin basis per recruiter, regardless of the number of members recruited. A separate pin with a “V” attachment for enrolling five to nine new members and a “X” attachment for enrolling ten or more new members is also available. The Department will provide these pins and attachments to the District Commanders for distribution.
2. ***Badger Big Ten Pin.*** This pin will be awarded to any individual who recruits 10 or more new members in any membership year. To apply for this award the individual must send the name and ID number of the individual they recruited to the Department Membership Coordinator for approval and distribution.

DEPARTMENT POST AWARDS

1. ***100% Post Ribbons.*** A Department 100% Membership Ribbon will be awarded to every Post that attains 100% of their membership goal thirty (30) days before the Department Convention. Ribbons will be delivered to the District caucuses at Department Convention.
2. ***All-Time High Post Membership Award.*** A certificate will be presented to each Post that has attained an all-time high in membership thirty (30) days before the Department Convention.
3. ***Greatest Percentage Awards.*** A plaque will be presented annually to the five posts in their respective membership categories attaining the greatest percentage over the previous year’s goal by December 31st. The five categories, based on membership are as follows: 15-50 Members, 51-100 Members, 101-200 Members, 201-400 Members, 401 Members and over.

DEPARTMENT COUNTY AWARDS

1. ***County Commander And Membership Chairman 100% Pin Award.*** This pin is awarded to those County Commanders and Membership Chairmen who have reached their assigned membership goal thirty (30) days prior to Department Convention. This award will be a blue over white pin with an inscription of 100% centered on the pin. **All awards will be delivered to the District at Department Convention.** All County 100% pins are distributed by the District Commanders. Please do not request the awards personally from Department Headquarters.
2. ***100% County Commander Awards.*** A plaque will be awarded to each County Commander who has reached his/her assigned membership goal by the official membership cut-off date of thirty (30) days before Convention.

DEPARTMENT DISTRICT AWARDS

1. **Walter DeWeese Award:** An individual plaque will be awarded to the first District Commander to reach 100% of his/her assigned membership goal 30 days before the Department Convention. The plaque will be awarded at the Department Convention.
2. **District Commander and Membership Chairman Outstanding Achievement Pins:** This pin is awarded to those District Commanders and Membership Chairmen who have reached their membership goal thirty (30) days prior to the Department Convention.

DEPARTMENT VICE-COMMANDER AWARDS

1. **100% Vice Commander Award:** The first Department Vice Commander that reaches 100% of his/her membership goal thirty (30) days prior to the Department Convention will receive a plaque. The award will be presented at the Department Convention.
2. **Department Vice Commander Outstanding Achievement Pins:** This pin is awarded to Department Vice Commanders who have reached their assigned membership goal thirty (30) days prior to the Department Convention.

NATIONAL INDIVIDUAL MEMBERSHIP AWARDS

1. **Silver Brigade Award:** Any Legionnaire who recruits 25-49 NEW MEMBERS (transfers do not count) in The American Legion by the May target date will qualify for enrollment in the Silver Brigade. Those who qualify will receive a silver pin and certificate.
2. **Gold Brigade Award:** Any Legionnaire who recruits 50 or more NEW MEMBERS (transfers do not count) in The American Legion by the May target date will qualify for enrollment in the Gold Brigade. Those members who qualify will receive a specialty jacket, cap, pin, patch and certificate.
3. **National "Recruiter of The Year":** The individual certified with the highest number of new members from among all of the Departments will be declared National Membership Recruiter of The Year and will receive an expense paid trip for two to the National Convention. The second place winner will receive a \$1,000.00 Emblem Sales certificate. Then (10) third prize winners will receive \$150.00 certificates and fifteen (15) fourth place winners receive \$100.00 certificates.

NATIONAL POST AWARDS

1. **Post Honor Ribbon:** Honor Ribbons will be awarded to all Posts whose membership as of December 31st equals or exceeds their final membership.
2. **Certificate of Meritorious Service:** This certificate will be awarded to all Posts who have, by December 31st, enrolled an advance membership equaling or surpassing the Posts previous All-Time-High membership.
3. **Five or More Consecutive Years All-Time-High Post Award:** This citation will be awarded to each Post who have recorded five or more consecutive years all-time high in membership. A Minimum of five consecutive years is necessary to qualify.
4. **100% Post Commander Certificates:** National will present a certificate to each Post Commander who achieved 100% of their Department goal. The National office will mail the award directly to the Post.

NATIONAL DISTRICT AWARDS

1. **District Commander Achievement Award and District Honor Ribbon:** All District Commanders whose membership, by the May target date, exceeds the previous year's membership by at least the number of Posts in the District will be awarded the District Commanders Achievement Framed Certificate Award. In addition, the District will receive Honor Ribbon for its District Colors.
2. **District Commander's New Post Achievement Award:** District Commanders who achieve the goal of creating new American Legion Posts in their respective Districts, and have the new Post Temporary Charter Application on file at National Headquarters by the May target date qualify.
3. **District Commander "Race to the Top":** Competition will be divided into five categories based on the membership of the district without regard to geographic locations. District Commanders will compete in each of the following categories based on the previous year's final totals.

Category I	15-1499 members
Category II	1500-2999 members
Category III	3000-4999 members
Category IV	5000-7499 members
Category V	7500+ members

The Department Adjutant will certify that the District Commander has attained at least 100% of the District's assigned membership objective by March 31, and has transmitted the information to National for receipt by the April Target date.

The National Convention trip will be presented to the District Commander and guest in each category whose District membership, transmitted to National no later than the April target date, represents the greatest percentage over the final membership of the previous year.

These awards are the annual awards at the National and Department levels. PLEASE NOTE: Additional awards may be added upon election of the National and Department Commanders. Most forms are generated after the elections and will be available at www.wilegion.org, distributed in Post Mailings and available at Conventions, Conferences and meetings of the Department.

Attached are some of the National Award forms.

CERTIFICATION FORM
“SILVER BRIGADE” NEW MEMBER RECRUITER AWARD

POST: RETAIN COPY FOR YOUR RECORDS

SEND TO: DEPARTMENT HEADQUARTERS ON OR BEFORE MAY TARGET DATE

The following member in the Department of WISCONSIN qualifies for the “Silver Brigade” Award for enrolling 25 to 49 **NEW MEMBERS** into The American Legion by the **May Target Date**. Silver Brigadiers receive a Silver Pin and a Silver Certificate.

NAME _____ POST NO. _____

ADDRESS _____
City State ZIP

PHONE: (____) _____ Number of **NEW MEMBERS** enrolled (25 to 49) _____

Department Adjutant (Signature)

Post Adjutant (Signature)

Date

Address

Date _____

USE ADDITIONAL SHEETS IF NECESSARY

MUST BE SUBMITTED TO DEPARTMENT BY MAY 16, 2018

CERTIFICATION FORM

“GOLD BRIGADE” NEW MEMBER RECRUITER AWARD

POST: RETAIN COPY FOR YOUR RECORDS

SEND TO: DEPARTMENT ON OR BEFORE THE MAY TARGET DATE

The following member in the Department of ***WISCONSIN*** qualifies for the “Gold Brigade” Award for enrolling 50 or more **NEW MEMBERS** into The American Legion by **May Target Date**. (*Please attach the list of names with each nomination form*).

First time qualifiers for the “Gold Brigade” receive:

“Gold Brigade” cap pin, certificate, a Gold Brigade patch, and **choice of a jacket, or sweater, or polo shirt** with the “Gold Brigade” logo.

Second time qualifiers for the award receive:

“Gold Brigade” certificate, patch, a “hash mark” for the sleeve, and the **choice of either** another “Gold Brigade” jacket, **or sweater, or polo shirt** with the “Gold Brigade” logo.

PLEASE CHECK THE APPROPRIATE BOX(ES):

This “Gold Brigade” award will be my:

A. First “Gold Brigade” award

B. Other (Specify 2nd or 3rd time qualified) _____

If you checked either box “A” or “B”, circle one: **jacket** **sweater** **polo shirt**

(Circle size) Size: (S, M, L, XL, XXL, XXXL)

NAME _____ POST NO. _____

ADDRESS _____

City

State

ZIP

PHONE: (____) _____ Number of **NEW MEMBERS** enrolled (minimum 50) _____

Department Adjutant (signature)

POST ADJUTANT (signature)

Date

ADDRESS

DATE (Cannot be after May Target Date)

USE ADDITIONAL SHEETS IF NECESSARY

MUST BE SUBMITTED TO DEPARTMENT BY MAY 16, 2018

CERTIFICATION FORM

GOLD BRIGADE, FIFTH CONSECUTIVE YEAR AWARD

Departments: Send to National Headquarters by last day of May.

The following member of the Department of *WISCONSIN* qualifies for the prestigious fifth consecutive year "Gold Brigade" Award for enrolling fifty or more New Members into The American Legion by the May Target Date.

A Legionnaire may only qualify for this award once every five years.

This Navy Blue Blazer replaces the Gold Blazer of previous years.

(Circle One)

Man's Blazer: (Cut) Short, Regular, Portly (Stout), Long, Extra Long, Extra Extra Long

PLEASE SPECIFY EVEN SIZES 34-54 _____ Size

Ladies Blazer: (Cut) Short Regular, Long, Extra Long, Extra Extra Long

PLEASE SPECIFY EVEN SIZES 4-20 _____ Size

(Please Type or Print)

Name _____ Post No. _____ Mem. ID _____

Phone (____) _____ Years of being a Gold Brigadier 20____ - 20____

Certified:

Department Adjutant (signature)

Date

MUST BE SUBMITTED TO DEPARTMENT BY MAY 16, 2018

**CERTIFICATION FORM
GOLD BRIGADE
SIXTH CONSECUTIVE YEAR OR MORE AWARD**

The following member of the Department of WISCONSIN qualifies for the sixth consecutive year or more “Gold Brigade” Award for enrolling fifty or more New Members into The American Legion by the May Target Date.

This award is a \$150 check and “Master Recruiter” Legion cap.

(Please Type or Print)

Name _____ Post No. _____ Mem. ID _____

Phone (____) _____ Years of being a Gold Brigadier 20____ - 20_____

Certified:

Department Adjutant (signature)

Department Adjutant(Print)

MUST BE SUBMITTED TO DEPARTMENT BY MAY 16, 2018

NOMINATION FORM “RECRUITER OF THE YEAR”

*** POST ADJUTANT SEND TO:**
DEPARTMENT HEADQUARTERS

**** DEPARTMENT ADJUTANT SEND TO:**

*MEMBERSHIP DIVISION
P.O. BOX 1055
INDIANAPOLIS, IN 46206*

In the Department of WISCONSIN, the TOP NEW MEMBER RECRUITER of membership enrolled for current membership year as of May Target Date, and transmitted to National Headquarters is: **(PLEASE PRINT OR TYPE)**

1. NAME _____ POST _____ MEMBER ID NO. _____

ADDRESS _____

CITY, STATE, ZIP _____

Phone (____) _____

Number of NEW MEMBERS enrolled (minimum 10): _____

(Attach list of names and ID numbers of new members)

Next Highest New Member Recruiter (Make additional copies if needed)

1. NAME _____ POST _____ MEMBER ID NO. _____

ADDRESS _____

CITY, STATE, ZIP _____

Phone (____) _____

Number of NEW MEMBERS enrolled (minimum 10): _____

(Attach list of names and ID numbers of new members)

Post Adjutant

Date

Department Adjutant

Date

DO NOT FORGET TO NOMINATE YOUR TOP RECRUITERS!

MUST BE SUBMITTED TO DEPARTMENT BY MAY 16, 2018

2017 - 2018
MEMBERSHIP TARGET DATES

EARLY BIRD/NEF KICKOFF	SEPTEMBER 13, 2017	60%
FALL MEETINGS	OCTOBER 11, 2017	65%
VETERANS DAY	NOVEMBER 15, 2017	75%
PEARL HARBOR DAY	DECEMBER 13, 2017	85%
MID-WINTER	JANUARY 18, 2018	90%
PRESIDENT’S DAY	FEBRUARY 14, 2018	95%
LEGION BIRTHDAY	MARCH 14, 2018	100%
CHILDREN & YOUTH	APRIL 11, 2018	105%
ARMED FORCES DAY	MAY 9, 2018	110%
DELEGATE STRENGTH	30 DAYS PRIOR TO NATIONAL CONVENTION	

Target dates fall on the second Wednesday of the month unless there is a holiday on that day or at the beginning of that week.

The November target date will be on third Wednesday due to Veterans Day falling on that previous Saturday.

To maximize the December renewal notice, and allow for MLK holiday, the January target date will be on the **third Thursday of the month.**

AMERICAN LEGION MEMBERSHIP 2018 RENEWAL SCHEDULE

CUTOFF DATES

MAY 10, 2017

SEPTEMBER 13, 2017

OCTOBER 12, 2017

DECEMBER 13, 2017

FEBRUARY 14, 2018

APRIL 11, 2018

RENEWAL DATES

JULY 3, 2017

OCTOBER 10, 2017

NOVEMBER 17, 2017

JANUARY 5, 2018

FEBRUARY 28, 2018

APRIL 27, 2018

Transmittals received after a cutoff date will not prevent a subsequent note from being delivered at or around the renewal date.



WISCONSIN AMERICAN LEGION

P.O. BOX 388
PORTAGE, WI. 53901

POST MEMBERSHIP TRANSMITTAL

From: Post # _____ District # _____ Date _____

Membership Transmittal Number: _____ Membership Year: _____

Enclosed are _____ Membership Cards.

Total PUFL Memberships: a _____ (Only add once per calendar year)

Total From Last Transmittal: b _____

Total Paid On This Transmittal: c _____ X \$30.00 = \$ _____

On Line Deduction's - _____

Total Check amount \$ _____

Total paid online since last transmittal: d _____

Total paid Holding Post Transfers: e _____

Total number of members to date: f _____
(Add line a + b + c + d + e = f)

Check number _____ Payable to WISCONSIN AMERICAN LEGION

Include only the membership cards that you are making remittance for.

Cards forwarded on this transmittal are as follows:

Name & ID #

Name & ID #

Name & ID #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional cards can be recorded on reverse or add additional sheets

Signed: _____
Post Officer, (Phone Number)

<u>Name & ID #</u>	<u>Name & ID #</u>	<u>Name & ID #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks: _____

INSTRUCTION FOR FILLING OUT MEMBERSHIP TRANSMITTALS

- Fill in the Post #, District # and Date
- Fill in the Transmittal Number for your Post (Transmittals are to be numbered, starting with 1.)
- Fill in the Year of the membership cards you are submitting (Use a different form for each year).
- Fill in number of membership cards transmitted with this transmittal
- Fill in total of PUFL memberships for this year listed on bottom of Post Green Bar printout (as of August 1st). This number stays the same for this year
- Fill in total of previously paid members from the last transmittal that was submitted.
- Fill in the total number of members paid on this transmittal (X by \$30.00 to get total amount of dues to be paid.)
- Fill in total number of members to date - (Add line a (one time) + b + c + d+ e = f)
- Fill in the check number
- List all names and membership card numbers submitted with this transmittal.
- Remarks, any special instruction for a membership card i.e. member is deceased or change of incorrect membership years on the cards.
- **When transmitting different membership year, make out separate transmittal one for each years.**
- **When making changes to the membership card use only #2 Pencil and don't make any changes to the upper scan line, as National's computer will only kick it back if you make changes in the scan line or use something other than a #2 pencil.**
- **Do not use white out on the membership card either. National must first remove all of it for the card to be processed through the computer, a considerable amount of time is required for do this and it also holds up the entire Department Transmittal while they do this. It can also cause the scanner and computer to be jammed or damaged.**
- **The computer will NOT pick up address changes on membership cards; use a member data from #13-001 for submitting these transactions. It is suggested that you also submit a member data form for notice of death, unknown members, changes of membership years and changes of name and address. (For Posts with Internet access change of name and address can be done over the Internet mylegion.org.)**

Please prepare in duplicate & retain 1 copy for your post records.



SONS OF THE AMERICAN LEGION

P.O. BOX 388
PORTAGE, WI. 53901

SQUADRON MEMBERSHIP TRANSMITTAL

From: Squadron # _____ District # _____ Date _____

Membership Transmittal Number: _____ Year: _____

Enclosed are _____ Membership Cards.

Total From Last Transmittal: a _____

Total Paid On This Transmittal: b _____ X \$9.00 = \$ _____

Total Number of Members to date: c _____
(Add line a + b = c)

Check number _____ Payable to SONS OF THE AMERICAN LEGION

Include only the membership cards that you are making remittance for.

Cards forwarded on this transmittal are as follows:

ID	First Name	Mid	Last Name	Suf	DOB	Email

Additional cards can be recorded on reverse or add additional sheets

Signed: _____
Squadron Officer, (Phone Number)

Remarks _____

Please prepare in duplicate & retain 1 copy for your squadron records.

INSTRUCTION FOR FILLING OUT MEMBERSHIP TRANSMITTALS

- Fill in the Squadron #, District # and Date
- Fill in the Transmittal Number for your Squadron (Transmittals are to be numbered, starting with 1).
- Fill in Year of the Membership cards you are submitting.
- Fill in number of membership cards transmitted with this transmittal
- **(Line a)** Fill in total of previously paid members from the last transmittal that was submitted. – (line c of previous transmittal).
- **(Line b)** Fill in the total number of members paid on this transmittal **(X by \$9.00 to get total amount of dues to be paid)**
- **(Line C)** Fill in total members to date - **(add lines b, & c together to get total for the year submitted)**
- Fill in the check number
- List all names and membership card numbers submitted with this transmittal.
- Remarks, any special instruction for a membership card i.e. member is deceased or change of incorrect membership years on the cards.

ADJUTANTS:

- **When transmitting different membership years, make out a separate transmittal, one for each year.**
- When making changes to the membership card use only #2 Pencil and don't make any changes to the upper scan line, as National's computer will only kick it back if you make changes in the scan line or use something other than a #2 pencil.
- Do not use white out on the membership card either. National must first remove all of it for the card to be processed through the computer, a considerable amount of time is required for do this and it also holds up the entire Department Transmittal while they do this. It can also cause the scanner and computer to be jammed or damaged.
- The computer will NOT pick up address changes on membership cards; use a member data from #00-007 for submitting these transactions. It is suggested that you also submit a member data form for notice of death, unknown members, changes of membership years and changes of name and address. (For Squadrons with Internet access change of name and address can be done over the Internet on The American Legion Homepage under the membership section.

SONS OF THE AMERICAN LEGION ***SQUADRON INFORMATION FORM***

THIS INFORMATION WILL BE PUBLISHED ON WWW.WISAL.ORG

SQUADRON #: _____ DISTRICT #: _____ COUNTY: _____

SQUADRON NAME: _____

ADDRESS OF SQUADRON OR MEETING LOCATION: _____

CITY: _____ ZIP: _____ PHONE: _____

SQUADRON EMAIL: _____

ANNUAL DUES: \$ _____

MEETING DATE: _____ MEETING TIME: _____

PRIMARY SQUADRON CONTACT PERSON

(All Squadron mail and Membership information will be sent to this person)

MEMBERSHIP ID#: _____ TITLE: _____

FIRST NAME: _____ M.I. _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

EMAIL: _____

PERSON SUBMITTING THIS FORM (PRINT): _____

DATE: _____

PLEASE SUBMIT COMPLETED FORM TO:

Sons of The American Legion
P.O. Box 388
Portage, WI 53901

SQUADRON OFFICER INFORMATION FORM

Squadron No. _____ District No. _____ County _____

Squadron Name: _____

Squadron Address: _____

City, State, Zip: _____

Squadron Phone: (____) _____ - _____ Squadron email: _____

Annual Dues: \$_____ Meeting Date: _____ Meeting Time: _____

Address of Meeting Location: _____

Squadron Contact Person: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

Information for Detachment Mailings

Squadron Commander: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

Squadron Advisor: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

Mail Membership Cards to: _____

Person submitting this form: _____ Phone: _____

Submit completed form to the Sons of The American Legion ~ P.O. Box 388, Portage, WI 53901