

SONS OF THE AMERICAN LEGION
DETACHMENT OF NEW JERSEY

BUILDING 5 - 2ND FLOOR
171 JERSEY STREET
TRENTON, NJ 08611

SQUADRON OFFICER REPORT 2017 - 2018

Please Print or Type this Report

SQUADRON NAME _____ SQ. # _____

CITY or TOWN _____ COUNTY _____

SQUADRON MEETINGS HELD ON _____
INDICATE WHEATHER 1ST, 2ND MONDAY OF MONTH, ETC.

AT _____
NAME & ADDRESS OF POST OR OTHER MEETING HALL

POST SAL CHAIRMAN'S SIGNATURE _____

SAL Membership ID Numbers Are MANDATORY.

POST SAL CHAIRMAN NAME _____

LEGION ID NUMBER _____ E-MAIL _____

ADDRESS _____
STREET CITY, STATE, ZIP

HOME TELE. # () _____ CELL TELE. # () _____

SQ. CMDR. NAME _____ SAL ID # _____

ADDRESS _____
STREET CITY, STATE, ZIP

HOME # () _____ CELL # () _____ E-MAIL _____

SQ. ADJT. NAME _____ SAL ID # _____

ADDRESS _____
STREET CITY, STATE ZIP

HOME # () _____ CELL # () _____ E-MAIL _____

PLEASE COMPLETE THIS FORM AS SOON AS SQUADRON OFFICERS ARE ELECTED.
MAIL ONE COPY TO DEPARTMENT HEADQUARTERS IN TRENTON,
ONE COPY IS FOR POST FILES & ONE COPY IS KEPT BY THE SQUADRON.

WE MUST HAVE THIS FORM OR NO MAIL WILL BE SENT TO THE SQUADRON