

SQUADRON OFFICER REPORT

20____ - 20____

Please Print or Type this Report

SQUADRON NAME _____ SQ. # _____

CITY or TOWN _____ COUNTY _____

SQUADRON MEETINGS HELD ON _____
INDICATE WEATHER 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 TELE. # () _____ CELL TELE. # () _____

SQ. ADJT. NAME _____ SAL ID # _____

ADDRESS _____
STREET CITY, STATE ZIP

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

PLEASE COMPLETE THIS FORM AS SOON AS OFFICERS ARE ELECTED. RETURN ONE COPY TO DEPARTMENT HEADQUARTERS, ONE COPY FOR POST FILES & ONE COPY FOR SQUADRON

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