

2008 - 2009

# SQUADRON OFFICER REPORT

2008 - 2009

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 \_\_\_\_\_ SAL ID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY, STATE, ZIP

HOME TELE. # ( ) \_\_\_\_\_ CELL TELE. # ( ) \_\_\_\_\_

**SQ. CMDR. NAME** \_\_\_\_\_ SAL ID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY, STATE, ZIP

HOME TELE. # ( ) \_\_\_\_\_ CELL TELE. # ( ) \_\_\_\_\_

**SQ. ADJT. NAME** \_\_\_\_\_ SAL ID NUMBER \_\_\_\_\_

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**