

# SQUADRON OFFICER REPORT

20\_\_\_\_ - 20\_\_\_\_

**Please Print or Type this Report**

SQUADRON NAME \_\_\_\_\_ SQ. # \_\_\_\_\_

CITY or TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_

SQUADRON MEETINGS HELD ON \_\_\_\_\_  
INDICATE WEATHER 1<sup>ST</sup>, 2<sup>ND</sup> 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**