

SONS OF THE AMERICAN LEGION  
DETACHMENT OF NEW JERSEY

BUILDING 5  
171 JERSEY STREET  
TRENTON, NJ 08611

## SQUADRON OFFICER REPORT 2019- 2020

Please Print or Type this Report

DATE \_\_\_\_\_

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

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

SQUADRON MEETINGS HELD ON \_\_\_\_\_  
INDICATE WHEATHER 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.**

**SAL CHAIRMAN NAME (*must be a Legionnaire*)** \_\_\_\_\_

**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 and MAIL TO DEPARTMENT HEADQUARTERS IN TRENTON &  
MAIL A COPY TO YOUR SAL COUNTY COMMANDER.  
PLEASE RETAIN COPIES FOR POST & SQUADRON RECORDS.

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