

SONS OF THE AMERICAN LEGION  
DETACHMENT OF NEW JERSEY

BUILDING 5  
171 JERSEY STREET  
TRENTON, NJ 08611

## **SAL COUNTY OFFICERS REPORT**

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

**Please Print or Type this Report**

DATE \_\_\_\_\_

NAME OF COUNTY \_\_\_\_\_

MEETINGS HELD AT \_\_\_\_\_

ON \_\_\_\_\_ DATE OF ELECTION \_\_\_\_\_

AMERICAN LEGION DEC SIGNATURE \_\_\_\_\_

**SAL Membership ID Numbers Are MANDATORY.**

**SAL COUNTY DEC NAME:** \_\_\_\_\_ **ID #** \_\_\_\_\_

SQ. # \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
STREET CITY, ZIP

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_  
AREA CODE + NUMBER AREA CODE + NUMBER

**SAL C'TY COMMANDER NAME** \_\_\_\_\_ **ID#** \_\_\_\_\_

SQ. # \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
STREET CITY, ZIP

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_  
AREA CODE + NUMBER AREA CODE + NUMBER

**SAL C'TY ADJUTANT NAME** \_\_\_\_\_ **ID#** \_\_\_\_\_

SQ. # \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
STREET CITY, ZIP

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_  
AREA CODE + NUMBER AREA CODE + NUMBER

**PLEASE COMPLETE THIS FORM AS SOON AS OFFICERS ARE ELECTED and  
MAIL BACK TO DEPARTMENT HEADQUARTERS IN TRENTON.**

**PLEASE RETAIN A COPY FOR THE COUNTY RECORDS.**

***This form must be returned to Dept. Headquarters prior to SAL Convention.***