

## SQUADRON OFFICER REPORT 2017 - 2018

Please Print or Type this Report

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.**

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 # ( ) \_\_\_\_\_ 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.  
MAIL ONE COPY TO DEPARTMENT HEADQUARTERS IN TRENTON,  
ONE COPY IS FOR POST FILES & ONE COPY IS KEPT BY THE SQUADRON.

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