

SONS OF THE AMERICAN LEGION
DETACHMENT OF NEW JERSEY

BUILDING 5
171 JERSEY STREET
TRENTON, NJ 08611

SQUADRON OFFICER REPORT

20____ - 20____

Please Print or Type this Report

DATE _____

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.

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