



Squadron # <input type="text"/> Details (skip for a District report) Dues Rate Amounts (not the counts of member types)	District # <input type="text"/> Details (District # is required for ALL reports)	Department HQ Use Only (e.g., 2024-2025) <input style="width:100%;" type="text" value="-"/>
Regular <input type="text"/> Junior <input type="text"/> Dual <input type="text"/> Max. Age for Jr. Rate <input type="text"/>	Per Capita Dues (if appl.) <input type="text"/> per <input type="text"/> mbr. <input type="text"/> sqdn.	Received Date <input type="text"/> Received By <input type="text"/>

Squadron Meeting Information ***NOTE: District Conference information should be submitted via the separate form.**

Week of Month (i.e., 1st, 2nd, 3rd, 4th, or Last) <input type="text"/>	Day of Week <input type="text"/>	Start Time <input type="text"/>
Post / Other Location <input type="text"/>		Phone <input type="text"/>
Full Address <input type="text"/>		
Street	City	State Zip

PLEASE PRINT CLEARLY and USE HOME ADDRESS and PHONE (not the Post). You must list a Street Address to ship the new membership cards (sent via USPS) to the Squadron Advisor. Include the E-mail address for all officers to improve electronic distribution of information and reduce mailing expenses. **Squadrons should send a copy to their respective District Adjutant in addition to Department Headquarters.**

Required Officers Contact Information ***NOTE: These four officers MUST be reported to receive the Squadron's new membership cards!**

COMMANDER (cannot be the same as the Finance Officer)					FIRST VICE COMMANDER				
SAL ID #	<input type="text"/>	Squadron #	<input type="text"/>		SAL ID #	<input type="text"/>	Squadron #	<input type="text"/>	
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	M.I.	Last	Gen.		First	M.I.	Last	Gen.
Addr.	<input type="text"/>				Addr.	<input type="text"/>			
	<input type="text"/>					<input type="text"/>			
	City	State	Zip			City	State	Zip	
Mobile	<input type="text"/>		Home	<input type="text"/>	Mobile	<input type="text"/>		Home	<input type="text"/>
E-mail	<input type="text"/>				E-mail	<input type="text"/>			

ADJUTANT (could be the same as the Finance Officer)					ADVISOR				
SAL ID #	<input type="text"/>	Squadron #	<input type="text"/>		Legion ID #	<input type="text"/>	Post #	<input type="text"/>	
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	M.I.	Last	Gen.		First	M.I.	Last	Gen.
Addr.	<input type="text"/>				Addr.	<input type="text"/>			
	<input type="text"/>					<input type="text"/>			
	City	State	Zip			City	State	Zip	
Mobile	<input type="text"/>		Home	<input type="text"/>	Mobile	<input type="text"/>		Home	<input type="text"/>
E-mail	<input type="text"/>				E-mail	<input type="text"/>			

American Legion Endorsement *** Send to SALAdjutant@OhioLegion.com and Membership@OhioLegion.com.

I hereby certify as being accurate the above listing of Squadron (or District) Officers. I understand that these officers must be certified annually by MAY 1st and that no new SAL Membership Cards will be sent to the Squadron (or that the District Officers will not be recognized at the close of the Detachment Convention) until this form is on file at Department Headquarters.

Legion Commander's Signature <input type="text"/>	Legion ID # <input type="text"/>
Printed Name <input type="text"/>	Post # <input type="text"/>



Include the E-mail address for all officers to improve electronic distribution of information and reduce paper mailing expenses.

Other Officers Contact Information

**NOTE: These officers should be reported to aid in Squadron communications.*

SECOND VICE COMMANDER

FINANCE OFFICER (cannot be the same as the Commander)

SAL ID #				Squadron #			
Name							
	First	M.I.	Last	Gen.			
Addr.							
			City	State	Zip		
Mobile				Home			
E-mail							

SAL ID #				Squadron #			
Name							
	First	M.I.	Last	Gen.			
Addr.							
			City	State	Zip		
Mobile				Home			
E-mail							

CHAPLAIN

PARLIAMENTARIAN

SAL ID #				Squadron #			
Name							
	First	M.I.	Last	Gen.			
Addr.							
			City	State	Zip		
Mobile				Home			
E-mail							

SAL ID #				Squadron #			
Name							
	First	M.I.	Last	Gen.			
Addr.							
			City	State	Zip		
Mobile				Home			
E-mail							

HISTORIAN

SERGEANT-AT-ARMS

SAL ID #				Squadron #			
Name							
	First	M.I.	Last	Gen.			
Addr.							
			City	State	Zip		
Mobile				Home			
E-mail							

SAL ID #				Squadron #			
Name							
	First	M.I.	Last	Gen.			
Addr.							
			City	State	Zip		
Mobile				Home			
E-mail							

IMMEDIATE PAST COMMANDER

SAL ID #				Squadron #			
Name							
	First	M.I.	Last	Gen.			
Addr.							
			City	State	Zip		
Mobile				Home			
E-mail							

SAL ID #				Squadron #			
Name							
	First	M.I.	Last	Gen.			
Addr.							
			City	State	Zip		
Mobile				Home			
E-mail							