



Squadron Details

Squadron # _____ District # _____ Member Dues - Sr. _____ Dues - Jr. _____

Meeting Information

[1st / 2nd / 3rd / 4th / Last] Day of Week _____ Start Time _____

Location _____

Full Address _____

PLEASE PRINT CLEARLY - You must list a Street Address for the shipping of the new membership cards (sent via USPS).
Include the Post Advisor's E-mail address for him/her to receive the tracking number for the package.

Officers Contact Information

Post Advisor _____ T.A.L. ID # _____

Address _____

City, ST Zip+4 _____

E-mail _____ Mobile _____ Home _____

Commander _____ S.A.L. ID # _____

Address _____

City, ST Zip+4 _____

E-mail _____ Mobile _____ Home _____

First Vice Cdr. _____ S.A.L. ID # _____

Address _____

City, ST Zip+4 _____

E-mail _____ Mobile _____ Home _____

Adjutant _____ S.A.L. ID # _____

Address _____

City, ST Zip+4 _____

E-mail _____ Mobile _____ Home _____

American Legion Endorsement

I hereby certify as being accurate the above listing of Squadron Officers. I understand that these officers must be certified by MAY 1, 2018 and that no 2019 S.A.L. Membership Cards will be sent until this form is on file at Department Headquarters.

Legion Commander's Signature _____ T.A.L. ID # _____

Printed Name _____