



Squadron Details		District Details		(e.g., 2019-2020)
Squadron #	<input type="text"/> (leave blank for a District report)	District #	<input type="text"/>	HQ Received
Member Dues - Regular	<input type="text"/>	Per Capita Dues	<input type="text"/>	Date
Member Dues - Junior	<input type="text"/> (if applicable)		<input type="text"/> (if applicable)	Name

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

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

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.**

Officers Contact Information ***NOTE: These four officers MUST be reported to receive new membership cards!**

COMMANDER					FIRST VICE COMMANDER				
S.A.L. ID #	<input type="text"/>	Squadron #	<input type="text"/>		S.A.L. ID #	<input type="text"/>	Squadron #	<input type="text"/>	
Name	<input type="text"/>				Name	<input type="text"/>			
E-mail	<input type="text"/>				E-mail	<input type="text"/>			
Mobile	<input type="text"/>	Home	<input type="text"/>		Mobile	<input type="text"/>	Home	<input type="text"/>	
Addr.	<input type="text"/>				Addr.	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	
	City	State	Zip(+4)			City	State	Zip(+4)	

ADJUTANT					ADVISOR				
S.A.L. ID #	<input type="text"/>	Squadron #	<input type="text"/>		Legion ID #	<input type="text"/>	Post #	<input type="text"/>	
Name	<input type="text"/>				Name	<input type="text"/>			
E-mail	<input type="text"/>				E-mail	<input type="text"/>			
Mobile	<input type="text"/>	Home	<input type="text"/>		Mobile	<input type="text"/>	Home	<input type="text"/>	
Addr.	<input type="text"/>				Addr.	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	
	City	State	Zip(+4)			City	State	Zip(+4)	

American Legion Endorsement

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 S.A.L. 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.

Officers Contact Information

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

SECOND VICE COMMANDER					FINANCE OFFICER						
S.A.L. ID #	Squadron #					S.A.L. ID #	Squadron #				
Name					Name						
E-mail											
Mobile		Home			Mobile		Home				
Addr.											
City		State		Zip(+4)	City		State		Zip(+4)		
CHAPLAIN					JUDGE ADVOCATE						
S.A.L. ID #	Squadron #					S.A.L. ID #	Squadron #				
Name					Name						
E-mail											
Mobile		Home			Mobile		Home				
Addr.											
City		State		Zip(+4)	City		State		Zip(+4)		
HISTORIAN					SERGEANT-AT-ARMS						
S.A.L. ID #	Squadron #					S.A.L. ID #	Squadron #				
Name					Name						
E-mail											
Mobile		Home			Mobile		Home				
Addr.											
City		State		Zip(+4)	City		State		Zip(+4)		
IMMEDIATE PAST COMMANDER											
S.A.L. ID #	Squadron #					S.A.L. ID #	Squadron #				
Name					Name						
E-mail											
Mobile		Home			Mobile		Home				
Addr.											
City		State		Zip(+4)	City		State		Zip(+4)		