



Squadron Details		District Details		(e.g., 2020-2021)
Squadron #	<input type="text"/> (leave blank for a District report)	District #	<input type="text"/>	Department HQ Use Only
Member Dues - Regular	<input type="text"/>	Per Capita Dues	<input type="text"/>	Received Date
Junior	<input type="text"/>	Dual	<input type="text"/>	Received By
				(if applicable)

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

Week of Month	<input type="text"/>	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	

**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		City	State	Zip	

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		City	State	Zip	

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.*

<b>SECOND VICE COMMANDER</b>				<b>FINANCE OFFICER</b>			
S.A.L. ID #		Squadron #		S.A.L. ID #		Squadron #	
Name				Name			
E-mail				E-mail			
Mobile		Home		Mobile		Home	
Addr.				Addr.			
City		State	Zip	City		State	Zip
<b>CHAPLAIN</b>				<b>JUDGE ADVOCATE</b>			
S.A.L. ID #		Squadron #		S.A.L. ID #		Squadron #	
Name				Name			
E-mail				E-mail			
Mobile		Home		Mobile		Home	
Addr.				Addr.			
City		State	Zip	City		State	Zip
<b>HISTORIAN</b>				<b>SERGEANT-AT-ARMS</b>			
S.A.L. ID #		Squadron #		S.A.L. ID #		Squadron #	
Name				Name			
E-mail				E-mail			
Mobile		Home		Mobile		Home	
Addr.				Addr.			
City		State	Zip	City		State	Zip
<b>IMMEDIATE PAST COMMANDER</b>							
S.A.L. ID #		Squadron #		S.A.L. ID #		Squadron #	
Name				Name			
E-mail				E-mail			
Mobile		Home		Mobile		Home	
Addr.				Addr.			
City		State	Zip	City		State	Zip