

Part of the administrative requirements from year-to-year is the submission of certain report forms to the national, state, and district organizations to document important details about a squadron [or district]. Providing the details requested on this tab will automatically populate the corresponding fields on the actual report forms. Specifically, this file will produce completed versions of the following:

- 1) Annual Squadron Data Report [due to Detachment Headquarters by April 15th each year; National deadline is May 1st]
- 2) Officers Certification Form (for both squadrons and districts; specific to the Detachment of Ohio) [due to Detachment HQ by May 1st]
- 3) Notification of Post/Squadron Commanders & Adjutants (to be filed by the Post Adjutant) [due as soon as new officers are known]

Please enter all of the required information where indicated by the orange highlights. Optional information is highlighted in yellow.

Squadron Details for the [] **to** [] *** Administrative Year** [] *** Form Date** []

This report contains [] changes (or) [] corrections compared to the last submission.

Squadron Name []
*** Squadron No.** [] *** County Name** [] *** Dist. No.** [] *** Detachment Name** []

Squadron Meeting Week of the Month [] *** Day of the Week** [] *** Start Time** []
 (i.e., 1st, 2nd, 3rd, 4th, or Last) (i.e., Sunday, Monday, etc.) (i.e., 19:30, 12:00, 10:00, etc.)

Squadron's Home (Physical) Address: *** Location** []
 (where the squadron meets) *** Street** []
 (i.e., Post Home; Village Off.; Library; etc.) *** City** [] *** State** [] *** Zip+4** []

Squadron's Mailing Address: **Street** []
 (if different than physical address) **City** [] **State** [] **Zip+4** []

Squadron's Dues Mailing Address: **Street** []
 (if different than physical address) **City** [] **State** [] **Zip+4** []

Note: If the dues mailing address is that of a squadron member's home, please provide the member's ID#: []

Squadron Telephone Number: [] **Squadron Fax Number:** []

Note: DO NOT use a personal phone numbers of members.

Squadron Email Address: []
Squadron Internet Website: []
Squadron Facebook Page: []

Dues Details for the [] *** Membership Year** [] *** Effective Date for Dues Rates** []

(amounts charged to each type of member; *** Regular Member** [] **Dual Member** []
 NOT the number of members of that type) **Junior Member** [] **Max. Age for Junior Rate** []

Note: Include all district and county per capita the squadron will be responsible for paying.

District Per Capita: [] per member [] per squadron

Required Squadron Officer Details

COMMANDER *

(cannot be the same as the Finance Officer)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	* Squadron No.
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				SDR Attest
Mobile Phone	Pref.	Home Phone	Pref.	Email Address			

FIRST VICE COMMANDER *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	* Squadron No.
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4		
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Mobile Phone	Home Phone		Email Address				

ADJUTANT *

(could be the same as the Finance Officer)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	* Squadron No.
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				SDR Attest
Mobile Phone	Pref.	Home Phone	Pref.	Email Address			

ADVISOR *

(must list a street address to receive cards)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legion ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	* Post No.
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address <i>(NO P.O. BOXES ALLOWED)</i>			City	State	Zip+4		
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Mobile Phone	Home Phone		Email Address				

POST COMMANDER *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legion ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	* Post No.
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4		
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Mobile Phone	Pref.	Home Phone	Pref.	Email Address			

Other Officer Details

POST ADJUTANT *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legion ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	* Post No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Phone	Pref.	Home Phone	Pref.	Email Address					

IMMEDIATE PAST COMMANDER *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	* Squadron No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4				
<input type="text"/>	<input type="text"/>	<input type="text"/>	Email Address						
Mobile Phone	Home Phone								

SECOND VICE COMMANDER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	Squadron No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4				
<input type="text"/>	<input type="text"/>	<input type="text"/>	Email Address						
Mobile Phone	Home Phone								

FINANCE OFFICER

(cannot be the same as the Commander)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	Squadron No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4				
<input type="text"/>	<input type="text"/>	<input type="text"/>	Email Address						
Mobile Phone	Home Phone								

CHAPLAIN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	Squadron No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4				
<input type="text"/>	<input type="text"/>	<input type="text"/>	Email Address						
Mobile Phone	Home Phone								

Other Officer Details (continued)

JUDGE ADVOCATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	Squadron No.		
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4				
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Mobile Phone	Home Phone	Email Address							

HISTORIAN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	Squadron No.		
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4				
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Mobile Phone	Home Phone	Email Address							

SERGEANT-AT-ARMS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	Squadron No.		
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4				
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Mobile Phone	Home Phone	Email Address							

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.A.L. ID#	First Name	Middle	Last Name	Gen.	Incumbent	Newly Elected / Appointed	Squadron No.		
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			City	State	Zip+4				
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Mobile Phone	Home Phone	Email Address							

(Other Officer not already named)

Instructions

Throughout the year, it is necessary for National to contact squadrons regarding membership renewals, awards, and general communications. In addition, National receives daily requests for post and squadron information from members and potential new members or others who are looking for information about The American Legion at the local level. Maintaining your squadron's current information with National Headquarters has become more important than ever.

Completing an annual Squadron Data Report (SDR) is necessary to inform your Detachment & National Headquarters of pertinent information regarding your squadron and, most importantly, membership renewal information. Complete an annual SDR even if your squadron information has not changed. Any information that has changed can be indicated by checking either the "CHANGE" or "CORRECTION" boxes.

Squadron information will be maintained with National's records and published on the legion.org and mysal.org websites and through the "Post Locator" feature. Members who are traveling or have moved, or simply want to transfer, frequently refer to the Post Locator for assistance.

Remember to inform your department / detachment any time a change is made throughout the year so the information can be reported to national headquarters.

Each question for the SDR requires specific information. For example, each question requires the following:

- 1) Enter the actual physical location of the squadron's location.
- 2) Enter the mailing address of the squadron (if different than the physical address). This should be the address where the squadron receives all mail and parcels.
- 3) Enter the dues mailing address that is to appear on the membership renewal notices. It may or may not be the same as the regular mailing or physical address of the squadron.
- 4) Write the dues amount each member pays for the current membership year. If your dues are changing, write the effective date of the new rate. Unless noted otherwise, an effective date of July 1st will be entered to coincide with the first renewal notice of the new membership year. Indicate your junior and dual dues rates, include the maximum age the junior rate is valid, i.e., 18, 19, 20, 21 years of age, etc. All district and / or county per capita should be included in the squadron dues for each member. The squadron will be responsible for directly paying any local district or county per capita dues.
- 5) Enter the business telephone number of the squadron. (Do not use a personal phone number of a member.)
- 6) Enter the fax telephone number of the squadron, if applicable.
- 7) Enter the squadron email address, if applicable. This should be an address that is regularly monitored.
- 8) Enter the URL of the squadron website, if applicable.
- 9) Enter the name of the squadron Facebook page, if applicable.
- 10) Enter the date and time of your regularly scheduled squadron meeting. (Ex: 2nd Wednesday @ 7:00pm)

The Annual Squadron Data Report must be signed at the bottom of the page by the Squadron Adjutant or Commander. Unsigned reports will be returned for an authorized signature.

The Annual Squadron Data Report (SDR) must be forwarded to your detachment by April 15th and received by National Headquarters no later than May 1st for squadron information to be processed in time for the first renewal notice.

If there is a subsequent change in the squadron's contact information or a change in the dues amount, the squadron must notify their Detachment & National Headquarters immediately. National Headquarters will not be responsible for reporting incorrect information if the proper notification was not received or if notification was not received in advance of the established deadlines.

NOTICE TO DETACHMENTS: All annual SDRs are due to your department / detachment by April 15th and received by national headquarters no later than May 1st to be processed before printing the first renewal notices. Please forward the SDR to IT/Data Services after receipt from the squadron; this will help ease processing at National.

MAIL: THE AMERICAN LEGION - DEPT. OF OHIO
ATTN: MEMBERSHIP DIVISION
60 BIG RUN RD.
DELAWARE, OH 43015

SCAN & EMAIL: membership@ohiolegion.com



ANNUAL SQUADRON DATA REPORT (SDR)

_____ Membership Year

Detachment _____ District/County _____ / _____ Squadron # _____

CHANGES (or) CORRECTIONS

Please type or print in ink and forward to your Detachment and National Headquarters

1) Squadron's Home (Physical) Address: _____

(Street address, city, state and zip code)

2) Squadron's Mailing Address: _____

(If different than physical address)

3) Squadron's Dues Mailing Address: _____

(If different than physical address)

Note: If the above address contains a member's name or is being sent to a member's home address as the contact, please provide the member's ID# _____

4) Squadron Dues for Membership Year: _____ Regular member _____ Dual member _____

Junior member _____ Max. age for Jr. rate _____ Effective Date _____

Month / Day / Year

Note: Include all district and county per capita the squadron will be responsible for paying.

5) Squadron Telephone Number: _____

Note: DO NOT use personal phone numbers of members

6) Squadron Fax Number: _____

7) Squadron Email Address: _____

8) Squadron Internet Website: _____

9) Squadron Facebook Page: _____

10) Squadron Meeting Day & Time: _____ @ _____

Sqdn. Adjutant or Sqdn. Commander Sig.

Sqdn. Adjutant or Sqdn. Commander Name

Date

IMPORTANT NOTICE

All annual SDRs are due to your department / detachment < membership@ohiolegion.com > by April 15th and received by National Headquarters no later than May 1st to be processed before printing the first renewal notices.



Squadron # <input type="text"/> Details <i>(skip for a District report)</i>		District # <input type="text"/> Details		<i>Department HO Use Only</i>	
Dues Rate Amounts <i>(not the counts of member types)</i>		<i>(District # is required for ALL reports)</i>		<i>(e.g., 2022-2023)</i>	
Regular <input type="text"/>	Junior <input type="text"/>	Per Capita Dues (if appl.) <input type="text"/>		Received Date <input type="text"/>	
Dual <input type="text"/>	Max. Age for Jr. Rate <input type="text"/>	per <input type="text"/> mbr.	<input type="text"/>	sqdn.	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"/>		<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			
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"/>	<input type="text"/>	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	Middle	Last Gen.		First	Middle	Last Gen.
Addr.	<input type="text"/>			Addr.	<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			
S.A.L. 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"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	Middle	Last Gen.		First	Middle	Last Gen.
Addr.	<input type="text"/>			Addr.	<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 completed form 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 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.

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)

S.A.L. ID #			Squadron #		
Name					
	First	Middle	Last	Gen.	
Addr.					
			City	State	Zip
Mobile			Home		
E-mail					

S.A.L. ID #			Squadron #		
Name					
	First	Middle	Last	Gen.	
Addr.					
			City	State	Zip
Mobile			Home		
E-mail					

CHAPLAIN

JUDGE ADVOCATE

S.A.L. ID #			Squadron #		
Name					
	First	Middle	Last	Gen.	
Addr.					
			City	State	Zip
Mobile			Home		
E-mail					

S.A.L. ID #			Squadron #		
Name					
	First	Middle	Last	Gen.	
Addr.					
			City	State	Zip
Mobile			Home		
E-mail					

HISTORIAN

SERGEANT-AT-ARMS

S.A.L. ID #			Squadron #		
Name					
	First	Middle	Last	Gen.	
Addr.					
			City	State	Zip
Mobile			Home		
E-mail					

S.A.L. ID #			Squadron #		
Name					
	First	Middle	Last	Gen.	
Addr.					
			City	State	Zip
Mobile			Home		
E-mail					

IMMEDIATE PAST COMMANDER

S.A.L. ID #			Squadron #		
Name					
	First	Middle	Last	Gen.	
Addr.					
			City	State	Zip
Mobile			Home		
E-mail					

S.A.L. ID #			Squadron #		
Name					
	First	Middle	Last	Gen.	
Addr.					
			City	State	Zip
Mobile			Home		
E-mail					



THE AMERICAN LEGION NATIONAL HEADQUARTERS

NOTIFICATION OF POST / SQUADRON COMMANDERS & ADJUTANTS

The Post Adjutant is to complete this form when all officers (who must be in good-standing for the upcoming membership year are known, and will then forward the form to the Department Headquarters.

INSTRUCTIONS TO POST ADJUTANTS

Post / Squadron Commander & Adjutant Notification Form

Use this form to report the following to Department & National Headquarters:

- Your department and post number.
- The name, member ID number, phone number and email address of the post/squadron commander and adjutant for the impending membership year.
- Indicate the re-election/re-appointment of the incumbent or a newly elected or appointed officer by placing an 'X' in the appropriate box.
- If the post doesn't sponsor an SAL Squadron, leave that section blank.
- Sign the bottom of the form in the space provided.

After completing the form, the Post Adjutant is to submit the form to the Department Headquarters. Keep a copy for the post's records.

INSTRUCTIONS TO DEPARTMENTS

The department will retain a copy for its records and forward the original Notification Form to National Headquarters at the following address:

The American Legion
IT/Data Services
PO Box 1954
Indianapolis, IN 46206

SEE FORM ON REVERSE

The department should forward the forms to IT/Data Services as quickly as the information is received from its posts. Please do not hold the forms. Refer to the department copy of the Notification Form to verify posts whose new officers have not yet been reported to National Headquarters. These changes to post and adjutants can also be made through the Department MyLegion.org portal. SAL forms must be mailed in to address above. Instructions were previously sent to you via e-mail from Internal Affairs.

NOTE: If a post or squadron officer reported on this form is unable to complete his/her term, the Post Adjutant should report this information as soon as possible to the Department Headquarters and provide his/her replacement's name, ID number, phone number and email address. This should be reported in writing, preferably on post letterhead. The department will update its records and forward the notification to National Headquarters. It's very important for the Department and National Headquarters to have current officer information at all times.



THE AMERICAN LEGION NATIONAL HEADQUARTERS

Notification of Post / Squadron Commanders & Adjutants

Department of _____

Post No. _____

Date _____

POST COMMANDER

Enter Member ID #

Incumbent

Newly Elected / Appointed

Name

Phone

Cell

Home

Work

Email

POST ADJUTANT

Enter Member ID #

Incumbent

Newly Elected / Appointed

Name

Phone

Cell

Home

Work

Email

(Complete this section if Post has an SAL Squadron.)

SQUADRON COMMANDER

Enter Member ID #

Incumbent

Newly Elected / Appointed

Name

Phone

Cell

Home

Work

Email

SQUADRON ADJUTANT

Enter Member ID #

Incumbent

Newly Elected / Appointed

Name

Phone

Cell

Home

Work

Email

SIGNATURE OF POST ADJUTANT