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/ / 2018

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Please Print or Type this report giving complete name, mailing address, telephone and e-mail information of all Squadron Officers. Send the original to: Sons of The American Legion, Detachment of Arizona, 4701 N 19th Ave, Suite 200, Phoenix, AZ 85015 or e-mail the fillable PDF to SALadjutant@AZlegion.org Please photocopy and retain for your Squadron & Post records. This form MUST be completed and certified EACH YEAR.

The following Squadron Officers were elected/appointed at a regular meeting of The Sons of The American Legion at American Legion Post \_\_\_\_\_, on the date of \_\_\_\_\_.

Officers assume their responsibilities effective (date) \_\_\_\_\_.

Regular Squadron meetings are held: \_\_\_\_\_.

Your Maximum Squadrons Dues for renewal are: \$ \_\_\_\_\_

Squadron Information
Squadron Number \_\_\_\_\_ Squadron Name \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Squadron Commander
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

First Vice Commander
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Second Vice Commander
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Adjutant
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Finance Officer
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Judge Advocate
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Chaplain
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Historian
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Sergeant at Arms
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Post SAL Advisor
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Return to Detachment before Friday, 15 June 2018

Officers Elected for the 2019 Membership Year

Attested Signatures
Squadron Commander \_\_\_\_\_ Squadron Adjutant \_\_\_\_\_ Date \_\_\_\_\_