

FILLABLE PDF FILE, THEN PRINT

Rec'd on at SAL AZ HQ:

____/____/2019

Posted and Filed by HQ:

____/____/2019



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 _____

Officers Elected for the 2019-2020 Membership Year

Attested Signatures

Squadron Commander

Squadron Adjutant

Date

2019
Return to Detachment before Friday, 15 June