



THE SONS OF THE AMERICAN LEGION
Detachment of Minnesota

Annual Officer Reporting Form

To be completed annually regardless of an officer change

20____ Membership Year

Name of Town: _____ Squadron No. _____ District _____

SQUADRON COMMANDER

ID# _____ Home Phone _____
Name _____ Mobile Phone _____
Address _____ Email: _____
City, State, Zip _____

SQUADRON ADJUTANT

ID# _____ Home Phone _____
Name _____ Mobile Phone _____
Address _____ Email: _____
City, State, Zip _____

SQUADRON FINANCE OFFICER

ID# _____ Home Phone _____
Name _____ Mobile Phone _____
Address _____ Email: _____
City, State, Zip _____

SQUADRON MEMBERSHIP DIRECTOR

ID# _____ Home Phone _____
Name _____ Mobile Phone _____
Address _____ Email: _____
City, State, Zip _____

SQUADRON ADVISOR

ID# _____ Home Phone _____
Name _____ Mobile Phone _____
Address _____ Email: _____
City, State, Zip _____

Certified by (Name and Position): _____ Date: _____

Please mail to: Sons of the American Legion Detachment of Minnesota, 20 West 12th Street, Room 300A,
St. Paul, MN 55155-2000 **or email to** mnsal@legion.org