

Sons of The American Legion

Officers Reporting Form

SAL Year _____

EMAIL ME to Department Headquarters, **SAVE** [or **PRINT**] for **SQUAD files**
This **MUST** be completed each year, whether officers are new or repeating.
ONLINE FILLABLE PDF FORM

_____ Squad No. _____ District No. _____
(Name of Town)

Squad Annual Dues \$ _____

Day of Regular Squad Meetings: _____ Time: _____ Place: _____

Send all general Squad information to _____ (SAL officer or Post address)

Send all Membership information to _____ (SAL officer or Post address)

Squad E-Mail _____ Squad Web Site _____

Commander _____ **Member ID#** _____

Address _____ City _____ Zip _____

(H) Tel No _____ (C) Tel No _____ Email _____

Adjutant _____ **Member ID#** _____

Address _____ City _____ Zip _____

(H) Tel No _____ (C) Tel No _____ Email _____

Finance Officer _____ **Member ID#** _____

Address _____ City _____ Zip _____

(H) Tel No _____ (C) Tel No _____ Email _____

Membership Dir _____ **Member ID#** _____

Address _____ City _____ Zip _____

(H) Tel No _____ (C) Tel No _____ Email _____

SAL Advisor _____ **Member ID#** _____

Address _____ City _____ Zip _____

(H) Tel No _____ (C) Tel No _____ Email _____

CERTIFIED BY: _____ (Squad Adjutant or Commander)

[BE SURE TO SAVE FILLED IN FORM]