



Sons of the American Legion

Officers Reporting Form



TRANSMIT TO DEPARTMENT HEADQUARTERS PRIOR TO ANNUAL DETACHMENT CAMPOUT CONVENTION
ORIGINAL to Department Headquarters • **DUPLICATE** to be held in Squadron files
 This form **MUST** be completed each year, whether officers are new or repeating.
PLEASE TYPE OR PRINT CLEARLY

To: The American Legion, Dept. of MN
 20 West 12th St., Room 300A
 St. Paul, MN 55155-2000

Detachment Year _____
 651-291-1800
 FAX 651-291-1057

Name of Squadron _____ Squadron No. _____
 Name of Town _____ District No. _____

USE THIS FORM TO REPORT THE OFFICERS AS SOON AS THEY ARE ELECTED.
WE MUST HAVE THE NAMES, ADDRESSES, PHONE NUMBERS AND
MEMBER ID NUMBERS OF ALL OFFICERS.

NAME	MAILING ADDRESS (Street, City and Zip Code)	Squadron Annual Dues \$
Commander _____	St. _____	Res. Tel. # ____/____
Member ID # _____	City _____ Zip _____ - _____	Bus. Tel. # ____/____
Adjutant _____	St. _____	Tel. # ____/____
Member ID # _____	City _____ Zip _____ - _____	
1st Vice-Cmdr. _____	St. _____	Tel. # ____/____
Member ID # _____	City _____ Zip _____ - _____	
2nd Vice-Cmdr. _____	St. _____	Tel. # ____/____
Member ID # _____	City _____ Zip _____ - _____	
Chaplain _____	St. _____	Tel. # ____/____
Member ID # _____	City _____ Zip _____ - _____	
Finance Officer _____	St. _____	Tel. # ____/____
Member ID # _____	City _____ Zip _____ - _____	
Sgt-at-Arms _____	St. _____	Tel. # ____/____
Member ID # _____	City _____ Zip _____ - _____	
Membership Director _____	St. _____	Tel. # ____/____
Member ID # _____	City _____ Zip _____ - _____	
Historian _____	St. _____	Tel. # ____/____
Member ID # _____	City _____ Zip _____ - _____	
Date of Regular Squadron Meetings _____	Time _____	Place _____
Address of Squadron Home _____		Tel. # ____/____
Squadron Sponsors: Drill Team _____ Color Guard _____ Musical Unit _____ Other _____		
Comments: _____		

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CERTIFIED: _____
 Detachment Adjutant or Commander