



Sons of The American Legion Officers Reporting Form

ORIGINAL to Department Headquarters , BOTTOM COPY to be held in Squad files
This MUST be completed each year, whether officers are new or repeating.
PLEASE TYPE OR PRINT CLEARLY

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

SAL Year _____

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

Squad Annual Dues \$ _____
Squad Address _____ Tel (____) ____/____
Day of Regular Squad Meetings: _____ Time: _____ Place: _____
Send all general Squad information to _____ (SAL officer or Post add.)
Send all Membership information to _____ (SAL officer or Post add.)
Squad E-Mail address _____ Squad Web Site address _____

NAME	MAILING ADDRESS
Commander _____	Address _____ Res Tel No (____) ____/____
_____ / _____	
Member ID _____	City _____ Zip _____ - _____ Bus Tel No (____) ____/____
Adjutant _____	Address _____ Phone (____) ____/____
_____ / _____	
Member ID _____	City _____ Zip _____ - _____ (____)
1st Vice Cmdr. _____	Address _____ Phone (____) ____/____
_____ / _____	
Member ID _____	City _____ Zip _____ - _____ (____)
Chaplain _____	Address _____ Phone (____) ____/____
_____ / _____	
Member ID _____	City _____ Zip _____ - _____ (____)
Finance Officer _____	Address _____ Phone (____) ____/____
_____ / _____	
Member ID _____	City _____ Zip _____ - _____ (____)

Sgt-at-Arms _____ Address _____ Phone (____) ____/____
____/____

Member ID _____ City _____ Zip _____ - _____ (____)
____/____

Membership Director _____ Address _____ Phone (____) ____/____

Member ID _____ City _____ Zip _____ - _____ (____)
____/____

SAL Advisor _____ Address _____ Phone (____) ____/____

Member ID _____ City _____ Zip _____ - _____ (____)
____/____

CERTIFIED: _____ **(Squad Adjutant or Commander)**