



DETACHMENT OF MASSACHUSETTS THE SONS OF THE AMERICAN LEGION SQUADRON OFFICERS REPORT

Please fill out this report, giving complete name, and mailing address, and zip code, directly following the election of new Squadron Officers. Send original to: Detachment Adjutant, via email to "Adjutant@salmass.org". Retain one copy for Squadron Records. (PLEASE TYPE ALL INFORMATION).

The following Squadron Officers were elected / appointed at the Annual Meeting of The Sons of The American Legion, Squadron _____ # _____, on _____
(name of squadron) (date)
in _____, MASS, and will take office on _____
(city/town) (date)

OFFICERS

SQUADRON COMMANDER _____
(Member ID Number and first, initial, last name)

(mailing address & zip code)

SQUADRON SR. VICE COMMANDER _____
(Member ID Number and first, initial, last name)

(mailing address & zip code)

SQUADRON JR. VICE COMMANDER _____
(Member ID Number and first, initial, last name)

(mailing address & zip code)

SQUADRON ADJUTANT _____
(Member ID Number and first, initial, last name)

(mailing address & zip code)

SQUADRON FINANCE OFFICER _____
(Member ID Number and first, initial, last name)

(mailing address & zip code)

SQUADRON CHAPLAIN _____
(Member ID Number and first, initial, last name)

(mailing address & zip code)

SQUADRON HISTORIAN _____
(Member ID Number and first, initial, last name)

(mailing address & zip code)

SQUADRON SERGEANT AT ARMS _____
(Member ID Number and first, initial, last name)

(mailing address & zip code)

S.A.L. POST ADVISOR _____
(first, initial, last name)

(mailing address & zip code)

THE ABOVE LISTED OFFICERS ARE REQUIRED TO BE SUBMITTED TO THE DETACHMENT ADJUTANT WITHIN THIRTY DAYS (30) OF ELECTION. PLEASE COMPLETE THIS FORM. ON THE REVERSE SIDE PLEASE GIVE DIRECTIONS TO YOUR POST FROM THE NEAREST MAJOR HIGHWAY.

ATTESTED _____
Post/Squadron Adjutant