



DETACHMENT OF MASSACHUSETTS SQUADRON INFORMATION FORM

(Acrobat fillable form)

INFORMATION TO BE PUBLISHED ON OUR WEB SITE

SQUADRON #: _____ DISTRICT #: _____

SQUADRON NAME: _____

SQUADRON ADDRESS: _____

SQUADRON PHONE #: _____ SQUADRON E-MAIL: _____

SQUADRON OR POST WEB SITE ADDRESS: _____

MEETING DATE: _____ MEETING TIME: _____

ADDRESS OF MEETING LOCATION: _____

SQUADRON CONTACT PERSON: _____

PHONE #: _____ E-MAIL: _____

CONFIDENTIAL INFORMATION FOR OUR DETACHMENT CONTACTS

SQUADRON COMMANDER: _____

ADDRESS, CITY, ZIP _____

PHONE #: _____ E-MAIL: _____

SQUADRON ADJUTANT _____

ADDRESS _____

PHONE #: _____ E-MAIL: _____

SQUADRON ADVISOR: _____

ADDRESS: _____

PHONE #: _____ E-MAIL: _____

PERSON SUBMITTING THIS FORM (PRINT) _____ DATE: _____

Please complete and return this form to the Detachment of Massachusetts either via email to adjutant@salmass.org or mail to: William Murphy, III, P.O. Box 546, Dunstable, MA 01827