



# DETACHMENT OF MASSACHUSETTS SQUADRON INFORMATION FORM

(PLEASE PRINT)

## 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  
Mail to: Clifford A. Smith, 32A Cottage St, Mansfield. MA 020148*