



SONS OF THE AMERICAN LEGION
DETACHMENT OF FLORIDA

2012 – 2013 SQUADRON OFFICERS REPORT

THIS FORM MUST BE RETURNED BY: JUNE 1, 2012

Squadron # _____ Squadron Name _____

Squadron dues are \$ _____ Meeting date _____ Time _____

Address (if different from the Legion) _____

City _____, FL ZIP _____ +4 _____

NOTE: All Department mailings are based on the information listed below.
All membership receipts will be sent to the Adjutant.

Commander Name _____ Member ID# _____

Address _____

City _____, FL Zip _____ +4 _____

Phone (____) _____ E-mail _____

Adjutant Name _____ Member ID# _____

Address _____

City _____, FL Zip _____ +4 _____

Phone (____) _____ E-mail _____

SAL
Chairman Name _____ Member ID# _____

Address _____

City _____, FL Zip _____ +4 _____

Phone (____) _____ E-mail _____

I certify that the above offices were duly elected at a regular or special meeting of this Squadron on _____

Signature _____ Title _____ Date _____