



Sons of The American Legion Officers Reporting Form

SAL Year _____

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

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

Squad Annual Dues \$ _____

Squad Web Site _____

Day of Regular Squad Meetings: _____ Time: _____ Place: _____

- The general Squad information will be sent to the Squadron Commander.
- The membership information will be sent to the Squadron Membership Director.

Commander _____ **Member ID#** _____

Address _____ City _____ Zip _____

(H) Tel No ____/____/____ (C) Tel No ____/____/____ Email _____

Adjutant _____ **Member ID#** _____

Address _____ City _____ Zip _____

(H) Tel No ____/____/____ (C) Tel No ____/____/____ Email _____

Membership Dir _____ **Member ID#** _____

Address _____ City _____ Zip _____

(H) Tel No ____/____/____ (C) Tel No ____/____/____ Email _____

CERTIFIED BY: _____ (Squad Adjutant or Commander)