

2017-2018 Squadron Officer Report

Squadron Name _____

Squadron # _____

Squadron Location _____

	Name	Address	Email	Home Phone	Cell Phone
Commander					
Vice Commander					
Adjutant					
Finance Officer					
Chaplain					
Historian					
Sergeant-at-Arms					
Advisor					

Squadron Dues _____ (\$10 of Dues is submitted with the memberships to the Detachment)

Squadron Meeting Date and Time _____

Month Squadron Elections are Held _____

Squadron Email Address _____

Squadron Mailing Address (if different than the Post Adjutant)

Submitted By: _____ Date: _____

Mail Completed Form to:
 ND American Legion, PO Box 5057, West Fargo, ND 58078