

CERTIFICATION OF S. A. L. SQUADRON OFFICIALS

200_-200_

TO: Department Adjutant, The American Legion, PO Box 140527 Austin, TX 78714-0527

Officials elected to serve _____ Squadron No. _____
(Name of Squadron)

located at _____, Texas for the year _____

IMPORTANT-PRINT OR TYPE COMPLETE MAILING ADDRESS AND ZIP CODE FOR EACH OFFICER

COMMANDER

ID #

Address

Ph:

VICE COMMANDER

ID #

Address

Ph:

VICE COMMANDER

ID #

Address

Ph:

ADJUTANT

ID #

Address

Ph:

FINANCE OFFICER

ID #

Address

SERGEANT-AT-ARMS

ID #

Address

CHAPLAIN

ID #

Address

HISTORIAN

ID #

Address

SQUADRON ADVISOR

ID #

Address

Mailing address for
Squadron _____

Squadron meeting dates _____ e-mail address: _____

Annual Dues _____ Certified By _____
Squadron Adjutant