

SONS OF THE AMERICAN LEGION  
DETACHMENT OF NEW JERSEY

BUILDING 5  
171 JERSEY STREET  
TRENTON, NJ 08611

# SQUADRON OFFICER REPORT

## 20\_\_\_\_ - 20\_\_\_\_

Please Print or Type this Report

DATE \_\_\_\_\_

SQUADRON NAME \_\_\_\_\_ SQ. # \_\_\_\_\_

CITY or TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_

SQUADRON MEETINGS HELD ON \_\_\_\_\_  
INDICATE WHEATHER 1<sup>ST</sup>, 2<sup>ND</sup> MONDAY OF MONTH, ETC.

AT \_\_\_\_\_  
NAME & ADDRESS OF POST OR OTHER MEETING HALL

POST SAL CHAIRMAN'S SIGNATURE \_\_\_\_\_

### **SAL Membership ID Numbers Are MANDATORY.**

**SAL CHAIRMAN NAME** (*must be a Legionnaire*) \_\_\_\_\_

**LEGION ID NUMBER** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY, STATE, ZIP

HOME TELE. # ( ) \_\_\_\_\_ CELL TELE. # ( ) \_\_\_\_\_

**SQ. CMDR. NAME** \_\_\_\_\_ **SAL ID #** \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY, STATE, ZIP

HOME # ( ) \_\_\_\_\_ CELL # ( ) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**SQ. ADJT. NAME** \_\_\_\_\_ **SAL ID #** \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY, STATE ZIP

HOME # ( ) \_\_\_\_\_ CELL # ( ) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AS SOON AS SQUADRON OFFICERS ARE ELECTED and MAIL TO DEPARTMENT HEADQUARTERS IN TRENTON & MAIL A COPY TO YOUR SAL COUNTY COMMANDER. PLEASE RETAIN COPIES FOR POST & SQUADRON RECORDS.**

**WE MUST HAVE THIS FORM OR NO MAIL WILL BE SENT TO THE SQUADRON**