

**SONS OF THE AMERICAN LEGION  
OFFICERS REPORT  
20 \_\_\_\_ - 20 \_\_\_\_ SQUADRON OFFICERS**

\_\_\_\_\_  
(Name of Squadron) (Location) (Squadron No.)

Commander \_\_\_\_\_  
(Name) (ID Number) (Mailing Address) (Zip)

\_\_\_\_\_  
(Home telephone) (Business telephone) (e-mail address)

Adjutant \_\_\_\_\_  
(Name) (ID Number) (Mailing Address)

\_\_\_\_\_  
(Home telephone) (Business telephone) (e-mail address)

Finance Officer \_\_\_\_\_

Legion Advisor: \_\_\_\_\_

1st Vice Commander \_\_\_\_\_

Membership Chairman \_\_\_\_\_

2nd Vice Commander \_\_\_\_\_

Sergeant-at-Arms \_\_\_\_\_

Historian \_\_\_\_\_

Chaplain \_\_\_\_\_

Americanism Officer \_\_\_\_\_

Meeting Nights and Time \_\_\_\_\_ Post Telephone Number \_\_\_\_\_

Street Address, Post home \_\_\_\_\_

Please fill in the name, street address or Post Office box, town, zip code and telephone numbers of **ALL** officers and return this form to: Detachment of Maine, PO Box 155, Woolwich, ME 04578. If additional page is needed please use same.

Note: In order for your Squadron to receive correspondence or be listed in The State Directory, this form must be filed with the Detachment Adjutant's office, at the address listed above, on or before the deadline. **This form needs to be completed every year, even if your officers do not change. Membership cards will not be sent to your Squadron until this form is received.**

**DEADLINE: June 1**