

SONS OF THE AMERICAN LEGION
DETACHMENT OF NEW JERSEY

BUILDING 5
171 JERSEY STREET
TRENTON, NJ 08611

SAL COUNTY OFFICERS REPORT

20 _____ - 20 _____

Please Print or Type this Report

DATE _____

NAME OF COUNTY _____

MEETINGS HELD AT _____

ON _____ DATE OF ELECTION _____

AMERICAN LEGION DEC SIGNATURE _____

SAL Membership ID Numbers Are MANDATORY.

SAL COUNTY DEC NAME: _____ **ID #** _____

SQ. # _____ **HOME ADDRESS** _____
STREET CITY, ZIP

HOME # _____ **CELL #** _____ **E-MAIL** _____
AREA CODE + NUMBER AREA CODE + NUMBER

SAL C'TY COMMANDER NAME _____ **ID#** _____

SQ. # _____ **HOME ADDRESS** _____
STREET CITY, ZIP

HOME # _____ **CELL #** _____ **E-MAIL** _____
AREA CODE + NUMBER AREA CODE + NUMBER

SAL C'TY ADJUTANT NAME _____ **ID#** _____

SQ. # _____ **HOME ADDRESS** _____
STREET CITY, ZIP

HOME # _____ **CELL #** _____ **E-MAIL** _____
AREA CODE + NUMBER AREA CODE + NUMBER

**PLEASE COMPLETE THIS FORM AS SOON AS OFFICERS ARE ELECTED and
MAIL BACK TO DEPARTMENT HEADQUARTERS IN TRENTON.**

PLEASE RETAIN A COPY FOR THE COUNTY RECORDS.

This form must be returned to Dept. Headquarters prior to SAL Convention.