SONS OF THE AMERICAN LEGION
DETACHMENT OF NEW JERSEY

BUILDING 5
171 JERSEY STREET
TRENTON, NJ 08611

SQUADRON OFFICER REPORT
2019- 2020

Please Print or Type this Report

DATE

SQUADRON NAME ____________________________ SQ. #

CITY or TOWN ____________________________ COUNTY

SQUADRON MEETINGS HELD ON ____________________________
   INDICATE WHETHER 1ST, 2ND 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