



This Form must be returned immediately after the election of Squadron Officers

Squadron # _____ Squadron Name _____

Squadron dues are \$ _____ Meeting day(s) _____ Time _____

Address _____

City _____ , FL ZIP _____ +4 _____

NOTE: All Department / Detachment mailings are based on the information listed below. All correspondence will be sent to the Adjutant.

Commander Name _____ Member ID# _____

Address _____

City _____ , FL Zip _____ +4 _____

Phone () _____ E-mail _____

Adjutant Name _____ Member ID# _____

Address _____

City _____ , FL Zip _____ +4 _____

Phone () _____ E-mail _____

SAL Advisor / Liaison Name _____ Member ID# _____

Address _____

City _____ , FL Zip _____ +4 _____

Phone () _____ E-mail _____

I certify that the above offices were duly elected at a regular or special meeting of this Squadron on _____

Signature _____ Title _____ Date _____

E-mail is a primary method of communications within the Detachment of Florida and is required to get Detachment Membership Reports, Newsletters and other pertinent information from the Florida Sons of The American Legion. We encourage each Squadron to provide the e-mail address for those listed above.

At a minimum, the Squadron Adjutant is required to have an e-mail address.