



This form must be completed and returned to DEPARTMENT immediately following your Squadron Elections.

***** THIS FORM MUST BE RETURNED NO LATER THAN JUNE 1 OF EACH YEAR *****

Squadron # _____ Squadron Name _____

Squadron Dues are \$ _____ Meeting Day(s) _____ Time _____

Address _____

City _____, FL ZIP _____ +4 _____

**NOTE: All Department mailings are based on the information listed below.
All membership receipts will be sent to the Adjutant.**

COMMANDER Name _____ Member ID# _____

Address _____

City _____, FL ZIP _____ +4 _____

Phone (_____) _____ Email _____

ADJUTANT Name _____ Member ID# _____

Address _____

City _____, FL ZIP _____ +4 _____

Phone (_____) _____ Email _____

SAL ADVISOR Name _____ Member ID# _____

or LIAISON Address _____

City _____, FL ZIP _____ +4 _____

Phone (_____) _____ Email _____

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

Signature _____ Title _____ Date _____