



REQUIRED	
Squadron #	District #

Squadron Information & Officer Change Request

Only provide information that needs to be changed.

All forms must be legible, signed and dated, with all Officer changes providing a valid member ID#. Incomplete or illegible forms will not be processed.

NEW / UPDATED SQUADRON INFORMATION	Mailing Address:			
	Post Phone #:	Post Fax #:	Squadron Dues: \$	
	Meeting Day / Time:			
	Have a Post Home? Y / N	Post Address:		
	If No Post Home, Squadron Meets at:			
	Squadron E-mail Address:	Squadron/Post Website:		
	UPS Shipping Address (if different from mailing address) ***NO PO BOX***			
NEW / UPDATED OFFICER INFORMATION	NEW / UPDATED SQUADRON COMMANDER		NEW / UPDATED SQUADRON ADJUTANT	
	Member ID #	REQUIRED	Member ID #	REQUIRED
	Name	REQUIRED	Name	REQUIRED
	Address		Address	
	City, State, ZIP		City, State, ZIP	
	Home Phone		Home Phone	
	Cell Phone		Cell Phone	
	E-mail Address		E-mail Address	

I HEREWITH CERTIFY the above officers, whose eligibility in the Sons of The American Legion I have certified, were duly elected in accordance with the Squadron's Constitution and By Laws.

Current Post Adjutant: **REQUIRED**

Date **REQUIRED**

Send completed form electronically to the Detachment Adjutant by e-mail at adjutant@floridasons.org or by US Post Office at 1215 Greenwood Avenue | Lehigh Acres, FL 33936