



***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 # _____ District _____ Squadron Dues \$ _____ Meeting Day(s) _____ Time _____

Squadron Phone: _____ Squadron Email _____

Address _____ City _____, FL ZIP _____

OFFICER INFORMATION

TITLE	NAME	MEMBER ID #	PHONE	EMAIL
★ COMMANDER *				
★ ADJUTANT ***				
★ 1 st VICE COMMANDER *				
2 nd VICE COMMANDER				
SGT-AT-ARMS *				
CHAPLAIN *				
HISTORIAN *				
FINANCE *				
JUDGE ADVOCATE ***				

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

Signature _____ Title _____ Date _____

KEY: * Required by Detachment ** Appointed by Commander Elect ★ Granted membership permissions in myLegion.org