

BOTH REQUIRED					
Squadron #	District #				

Mailing Address:

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#.

* TO BE USED ONLY IF YOUR SQUADRON INFORMATION CHANGES DURING THE YEAR *

If changing officers after Squadron Elections, please use the Squadron Officer Report (SOR)

If f changing officers after DCC, please use the District Officers Report (DOR)

EW / UPDATE SQUADRON NFORMATION	Post Phone #:	Post Fax #:		Squadron Dues: \$		
	Meeting Day / Time:					
	Have a Post Home? Y / N	Post Address:	ldress:			
	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***					
EW / UPDATE CER INFORMA	NEW / UPDATED SQUADRON CO	OMMANDER	NEW / UPD	PATED SQUADRON ADJUTA	4 <i>NT</i>	
	Member ID #	REQUIRED	Member ID #	F	REQUIRED	
	Name	REQUIRED	Name	F	REQUIRED	
	Address		Address			
	City, State, ZIP		City, State, ZIP			
	Home Phone		Home Phone			
	Cell Phone		Cell Phone			
OF	E-mail Address		E-mail Address			
	H CERTIFY the above officers, whose eligibiling with the Squadron's Constitution and By La	=	American Legion I ha	ve certified, were duly elected	in	
Current Post Adjutant: REQUIRED			Date REQUIRED			