



***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**

**CHECK IF UPDATING OFFICER INFORMATION DURING THE YEAR**

TITLE	NAME	MEMBER ID #	PHONE	EMAIL
★ COMMANDER *				
★ ADJUTANT ***				
★ 1 <sup>st</sup> VICE COMMANDER *				
2 <sup>nd</sup> 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**