

2019-2020 OFFICERS INFORMATION



SQUADRON No. _____ LOCATION _____

LEGION SAL CHAIRMAN: _____

ADDRESS: _____ DUES: \$ _____ TELEPHONE: (____) _____

MEETING PLACE; _____ DATE & TIME: _____

| TITLE | NAME/ID NUMBER | HOME ADDRESS | PHONE W/AREA CODE E-MAIL |
|----------------|----------------|--------------|-----------------------------|
| COMMANDER | | _____ | _____ |
| SR. VICE-COMDR | | _____ | _____ |
| ADJUTANT | | _____ | _____ |
| CHAPLAIN | | _____ | _____ |
| | | _____ | _____ |

Legion Liaison

Outgoing SAL Commander

Send Department Mail to (Must check one):

() Squadron Address Above; OR () Adjutant's Address Above; OR () Commander's Address Above

Please forward to Department Headquarters immediately upon election
File copy with S.A.L. Detachment Adjutant

The American Legion
Dept. of Connecticut
PO Box 208
Rocky Hill, CT 06067-0208