

WISCONSIN SONS OF THE AMERICAN LEGION
SQUADRON OFFICER INFORMATION FORM
(PLEASE PRINT)

INFORMATION TO BE PUBLISHED ON OUR WEB SITE

SQUADRON #: _____ DISTRICT #: _____ COUNTY _____

SQUADRON NAME: _____

SQUADRON ADDRESS: _____

CITY STATE AND ZIP _____

SQUADRON PHONE #: (____) _____ - _____ SQUADRON E-MAIL: _____

ANNUAL DUES: \$ _____

MEETING DATE: _____ MEETING TIME: _____

ADDRESS OF MEETING LOCATION: _____

SQUADRON CONTACT PERSON: _____

ADDRESS: _____

PHONE #: (____) _____ - _____ E-MAIL: _____

INFORMATION FOR OUR DETACHMENT MAILINGS

SQUADRON COMMANDER: _____

ADDRESS: _____

PHONE #: (____) _____ - _____

E-MAIL: _____

SQUADRON ADJUTANT: _____

ADDRESS: _____

PHONE #: (____) _____ - _____

E-MAIL: _____

SQUADRON ADVISOR: _____

ADDRESS: _____

PHONE #: (____) _____ - _____

E-MAIL: _____

MAIL MEMBERSHIP CARDS TO:

PERSON SUBMITTING THIS FORM (PRINT) _____

PLEASE RETURN THIS FORM TO SONS OF THE AMERICAN LEGION, PO Box 388, PORTAGE WI 53901