



# WISCONSIN SONS OF THE AMERICAN LEGION

## SQUADRON INFORMATION FORM

(PLEASE PRINT)

INFORMATION TO BE PUBLISHED ON AT [WWW.WISAL.ORG](http://WWW.WISAL.ORG)

SQUADRON #: \_\_\_\_\_ DISTRICT #: \_\_\_\_\_ COUNTY \_\_\_\_\_

SQUADRON NAME: \_\_\_\_\_

ADDRESS OF SQUADRON OR MEETING LOCATION:

\_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

SQUADRON PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SQUADRON E-MAIL: \_\_\_\_\_

ANNUAL DUES: \$ \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

MEETING TIME: \_\_\_\_\_

### PRIMARY SQUADRON CONTACT PERSON

(ALL SQUADRON MAIL AND MEMBERSHIP CARDS WILL BE SENT TO THIS PERSON)

MEMBERSHIP ID \_\_\_\_\_ TITLE \_\_\_\_\_

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PERSON SUBMITTING THIS FORM (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

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

## SQUADRON OFFICERS

**SQUADRON COMMANDER:** \_\_\_\_\_

ADDRESS, \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**SQUADRON ADJUTANT:** \_\_\_\_\_

ADDRESS, \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**SQUADRON ADVISOR:** \_\_\_\_\_

ADDRESS, CITY, ZIP \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### OFFICERS

**FIRST VICE** \_\_\_\_\_

E-MAIL \_\_\_\_\_

**SECOND VICE:** \_\_\_\_\_

E-MAIL \_\_\_\_\_

**CHAPLAIN** \_\_\_\_\_

E-MAIL \_\_\_\_\_

**FINANCE OFFICER** \_\_\_\_\_

E-MAIL \_\_\_\_\_

**SERGEANT AT ARMS** \_\_\_\_\_

E-MAIL \_\_\_\_\_

**SERGEANT AT ARMS** \_\_\_\_\_

E-MAIL \_\_\_\_\_

### COMMITTEE CHAIRMEN

**AMERICANISM** \_\_\_\_\_

E-MAIL \_\_\_\_\_

**CHILDREN AND YOUTH** \_\_\_\_\_

E-MAIL \_\_\_\_\_

**MEMBERSHIP** \_\_\_\_\_

E-MAIL \_\_\_\_\_

**VETERANS AFFAIRS** \_\_\_\_\_

E-MAIL \_\_\_\_\_

---

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