

SQUADRON

_____ CITY _____ COUNTY _____ DISTRICT _____

SQUADRON OFFICERS YEAR _____



BE SURE TO PRINT WITH PEN. (BLUE OR BLACK)
PLEASE FILL OUT EVEN IF OFFICERS ARE THE SAME AS LAST YEARS.

Please use complete MAILING ADDRESS (R.R., STREET or P.O. BOX).



MAIL **ALL** COPIES TO IOWA DETACHMENT, 720 LYON STREET, DES MOINES, IA 50309
FORM TO BE TURNED IN BY SEPTEMBER 15.

COMMANDER _____ Tel. (_____) _____

Address _____ City _____ ST _____ Zip _____

ADJUTANT _____ Tel. (_____) _____

Address _____ City _____ ST _____ Zip _____

FINANCE OFFICER _____ Tel. (_____) _____

Address _____ City _____ ST _____ Zip _____

POST SAL ADVISOR _____ Tel. (_____) _____

Address _____ City _____ ST _____ Zip _____

List day or days regular meetings are held each month.

_____ Time _____

_____ Time _____

Amount of Squadron Dues \$ _____

PERMANENT SQUADRON MAILING ADDRESS _____ Tel. (_____) _____

Address _____ City _____ ST _____ Zip _____