

Squadron # \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ District # \_\_\_\_\_

# Squadron Officers Report

Year \_\_\_\_\_



Fill out even if Officers are the same as last year

Please use complete Mailing address & phone number where you can actually be reached.



Mail to: American Legion of Iowa, 720 Lyon St., Des Moines 50309

**Form due each year by September 15<sup>th</sup>**

**New Membership cards will not be sent without current report on file.**

**Commander** \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Member ID # \_\_\_\_\_

**Adjutant** \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Member ID # \_\_\_\_\_

**Finance Officer** \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Member ID # \_\_\_\_\_

**Post Adviser** \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Member ID # \_\_\_\_\_

List day or days of regular meetings are held each month

Amount of Squadron Dues \$ \_\_\_\_\_

\_\_\_\_\_ Time \_\_\_\_\_

Dual Member \$ \_\_\_\_\_

\_\_\_\_\_ Time \_\_\_\_\_

Junior Member \$ \_\_\_\_\_

Physical Address where Squadron meets

Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_