

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 be actually be reached



If mailed, mail to American Legion of Iowa 720 Lyon St. Des Moines 50309

Form due each year by September 15th

New Membership cards will not 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 _____

Duel Member \$ _____

Junior Member \$ _____

_____ Time _____

Physical Address where Squadron meets

Tel. _____

Address _____ City _____ ST. _____ Zip _____



Sons of The American Legion
Detachment of Iowa
 720 Lyon St.
 Des Moines, IA 50309



Squadron Officers Membership Eligibility Verification

INSTRUCTIONS

Squadron Adjutants:

The Detachment Executive Committee has set a requirement that each Squadron Adjutant must certify the membership eligibility of the Officers of the Squadron before their election and notify the Detachment Headquarters of that certifications by September 15th.

The Squadron Adjutant will need to have each Officer Nominee submit satisfactory evidence of eligibility for the Sons of The American Legion. Acceptable eligibility verification will include copies of descendant's Veterans current American Legion membership card, DD-214 or to include other acceptable forms (if deceased) and must comply with the period of times established for American Legion members.

From this documentation, you will need to verify the membership eligibility of each Officer prior to their election and then submit this sign sheet back with the following statement to Detachment Headquarters with your Squadron Officers Report.

Like your Squadron Officers Report, if we don't receive this sheet each year with your Squadron Officers Report you will not receive your following years membership cards.

I, _____, as Adjutant of Sons of The American Legion Squadron
 (Print Name)

_____ of _____; I certify that I have examined the eligibility records
 (Squadron #) (Location)

of the Squadron Officers and that those records comply with the membership eligibility requirements of The Sons of The American Legion.

Squadron Adjutant Signature: _____

Date: _____