Squadron Of	ncers Report	Membership Year 20 20		
Squadron #	_ City	Count	у	District
 Fill out even if O If PO Box Numb Complete the So New Membersh 	year by September 15 th fficers are the same as last per, also list street address quadron Officers Members nip cards will NOT be sen m, SDR, and CSR on file	rip Elig	•	
Physical Address where	e Squadron meets:			
Address	City		ST.	Zip
Tel	Email			
Mail or emai	il to American Legion of low info@ialegi		yon St. Des Moin	es 50309,
Commander			_ Member ID #	
Email		Tel		
Adjutant			Member ID #	
Address	City_	· · · · · · · · · · · · · · · · · · ·	St	_ Zip
Email		Tel		
Finance Officer			Member ID #	
Email		Tel		
Post Adviser			Member ID #	
Email		Tel		
List day & time of regular monthly meeting				Time
Amount of Squadron Du	ues Paid by Member \$			
Dual Member \$				

Thank You For Returning Your Squadron Officers List and Squadron Officers Membership Eligibility Verification On Time. Serving you Better Is Our Main Objective

Junior Member \$ _____



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



Squadorn 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.

as Adjutant of Sons of The American Legion Squadron

1,	, as regularit of bons of the remembers of squadron
	(Print Name)
#(Squadron #)	of; I certify that I have examined the eligibility records (Location)
•	on Officers and that those records comply with the membership eligibility of The Sons of The American Legion.
Squadron A	djutant Signature:
Date:	