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|  | **2020-21 Sons of the American Legion Detachment of Missouri**Squadron Officers' Report |
| SQUADRON #: | DISTRICT: □ East□ West | SQUADRON'S OFFICIAL NAME: |
| Squadron Meeting Date & Time: | CITY SQUADRON IS LOCATED: |
| Post Advisor's Name: | Post Advisor Phone #: ( ) | Advisor's E-mail Address: |
| Mail Membership & Supplies to (Name, Title): | Address (Shipping Membership Supplies): |
| Phone #:( ) | Date Officers (listed below): □Elected/ / □ Appointed | Officers' Installation Date:/ / |
| **COMMANDER** | Name & Address: | Day time Phone #:( )Cell #:( ) | Membership #: |
| E-mail: |
| **ADJUTANT** | Name & Address: | Day time Phone #:( )Cell #:( ) | Membership #: |
| E-mail: |
| **MEMBERSHIP CHAIRMAN** | Name & Address: | Day time Phone #:( )Cell #:( ) | Membership #: |
| E-mail: |
| **ADDITIONAL POST ADVISOR** | Name & Address: | Day time Phone #:( )Cell #:( ) | Membership #: |
| E-mail: |
| **SENIOR VICE COMMANDER** | Name & Address: | Day time Phone #:( )Cell #:( ) | Membership #: |
| E-mail: |

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| **SECOND VICE COMMANDER** | Name & Address: | Day time Phone #:( )Cell #:( ) | Membership #: |
| E-mail: |
| **FINANCIAL OFFICER** | Name & Address: | Day time Phone #:( )Cell #:( ) | Membership #: |
| E-mail: |
| **CHAPLAIN** | Name & Address: | Day time Phone #:( )Cell #:( ) | Membership #: |
| E-mail: |
| **JUDGE ADVOCATE** | Name & Address: | Day time Phone #:( )Cell #:( ) | Membership #: |
| E-mail: |
| Due to Department by September 1st, 2020**SEND ORIGINAL REPORT TO: SEND A COPY OF THE REPORT TO:**Sons of the American Legion Bryan P. Bradford, Adjutant Detachment Headquarters Sons of the American Legion P.O. Box 179 Detachment of Missouri Jefferson City, MO 65102-0179 5600 W. Wilhite Rd. **programs@missourilegion.org** Columbia, MO 65202573-893-5323 bryan\_bradford2003@yahoo.com The above information is supplied for the purpose of communication from the Advisory Committee and/or the Detachment to each Squadron. It is not shared with anyone outside the SAL or American Legion for any reason. **I certify the above information is true and correct, and that all elected members are current in dues and of good standing.** |
| Date: | Signature: Printed Name: | Title: |