



SENIOR VICE COMMANDER	Name & Address:	Day time Phone #: ()	Membership #:
		Cell #: ()	E-mail:

2020-21 Sons of the American Legion Detachment of Missouri Squadron Officers' Report - PAGE 2

SECOND VICE COMMANDER	Name & Address:	Day time Phone #: ()	Membership #:
			E-mail:
FINANCIAL OFFICER	Name & Address:	Day time Phone #: ()	Membership #:
			E-mail:
CHAPLAIN	Name & Address:	Day time Phone #: ()	Membership #:
			E-mail:
JUDGE ADVOCATE	Name & Address:	Day time Phone #: ()	Membership #:
			E-mail:

Due to Department by September 1st, 2020

SEND ORIGINAL REPORT TO:

Sons of the American Legion
Detachment Headquarters
P.O. Box 179
Jefferson City, MO 65102-0179
programs@missourilegion.org
573-893-2353

SEND A COPY OF THE REPORT TO:

Tim Cudd, Adjutant
Sons of the American Legion
Detachment of Missouri
PO Box 901
St Peters, MO 63376
crinco1@gmail.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:
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