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## 2014-2015 OFFICERS INFORMATION

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SQUADRON No. \_\_\_\_\_ LOCATION \_\_\_\_\_

LEGION SAL CHAIRMAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DUES: \$ \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

MEETING PLACE; \_\_\_\_\_ DATE & TIME: \_\_\_\_\_

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TITLE	NAME/ID NUMBER	HOME ADDRESS	PHONE W/AREA CODE E-MAIL
COMMANDER		_____	_____
SR. VICE-COMDR		_____	_____
ADJUTANT		_____	_____
CHAPLAIN		_____	_____
		_____	_____

\_\_\_\_\_  
Legion Liaison

\_\_\_\_\_  
Outgoing SAL Commander

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### Send Department Mail to (Must check one):

( ) Squadron Address Above; OR ( ) Adjutant's Address Above; OR ( ) Commander's Address Above

Please forward to Department Headquarters immediately upon election  
File copy with S.A.L. Detachment Adjutant

The American Legion  
Dept. of Connecticut  
PO Box 208  
Rocky Hill, CT 06067-0208