
2026-2027 OFFICERS INFORMATION



SQUADRON No. _____ LOCATION _____

LEGION SAL CHAIRMAN: _____

ADDRESS: _____ DUES: \$ _____ TELEPHONE: (____) _____

MEETING PLACE; _____ DATE & TIME: _____

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

Legion Liaison

Outgoing SAL Commander

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
269 Main St
Cromwell, CT 06416**