

Return by June 15, 2017



The American Legion Department of SC  
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## SQUADRON OFFICERS 2017-2018

Squad # \_\_\_\_\_ District # \_\_\_\_\_

Please return to Department Headquarters no later than

Office			
<b>Squadron Commander</b>	Squadron Commander's Name:	Squadron Commander Membership #	Commander's Home/work phone
	Squadron Commander's E-mail address	Squadron Commander's Mailing Address	Commanders' Cell Phone #
<b>Squadron Adjutant</b>	Squadron Adjutant's Name	Squadron Adjutant's Membership #	Adjutants Home or Work phone
	Squadron Adj. E-mail Address	Adjutant's Mailing Address	Adjutant's Cell Phone #
<b>Squadron Membership Chairman</b>	Membership Chairman's Name	Chairman's Membership #	Home or work phone
	Chairman's E-mail Address	Address	Cell phone #

Squadron Commander or Adjutant Signature

Date