

SQUADRON OFFICERS REPORTING FORM

*Please fill out and submit to: Wisconsin American Legion- P.O. Box 388, Portage, WI 53901 or save and email to membership@wilegion.org. Forms are to be submitted yearly as soon as your elections are complete. **NOTE: Please submit names even if there are no changes, just indicate on form 'No changes' after the name.** Forms are also available at wilegion.org.*

District: _____ Squadron No.: _____ Date Elected: _____ Date Installed: _____

Send Mailings to: _____ City: _____ State: _____ Zip: _____

Location of Meetings: _____ Date of Meetings: _____ Time: _____

TITLE	NAME & ID #	ADDRESS	PHONE	EMAIL
Commander				
Membership Chairman				
Vice Commander				
Vice Commander				
Vice Commander				
Adjutant				
Finance Officer				
Historian				
Chaplain				
Sergeant at Arms				
Sergeant at Arms				
Service Officer				
Judge Advocate				