

SQUADRON OFFICER INFORMATION SHEET

DETACHMENT OF MICHIGAN

2024-2025

SQUADRON \_\_\_\_\_ DISTRICT \_\_\_\_\_

SQUADRON COMMANDER

MEMBERSHIP # \_\_\_\_\_

PRINTED NAME

PRINTED EMAIL ADDRESS

NUMBER AND STREET

CITY

ZIP

CONTACT NUMBER HOME

CONTACT NUMBER CELL

CONTACT NUMBER FAX

SQUADRON ADJUTANT

MEMBERSHIP # \_\_\_\_\_

PRINTED NAME

PRINTED EMAIL ADDRESS

NUMBER AND STREET

CITY

ZIP

CONTACT NUMBER HOME

CONTACT NUMBER CELL

CONTACT NUMBER FAX

SQUADRON MEMBERSHIP CHAIRMAN

MEMBERSHIP # \_\_\_\_\_

PRINTED NAME

PRINTED EMAIL ADDRESS

NUMBER AND STREET

CITY

ZIP

CONTACT NUMBER HOME

CONTACT NUMBER CELL

CONTACT NUMBER FAX

SQUADRON ADVISOR

LEGION MEMBERSHIP # \_\_\_\_\_

PRINTED NAME

PRINTED EMAIL ADDRESS

CONTACT NUMBER

POST NAME

MEETING DAY AND TIME

MEETING ADDRESS AND CITY

THE ABOVE SQUADRON OFFICERS ARE CERTIFIED TO HOLD THE POSITIONS AND ARE IN GOOD STANDING.

SIGNED BY: \_\_\_\_\_