

SQUADRON OFFICER INFORMATION SHEET

DETACHMENT OF MICHIGAN

2026-2027

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

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SQUADRON COMMANDER MEMBERSHIP # \_\_\_\_\_

PRINTED NAME PRINTED EMAIL ADDRESS

NUMBER AND STREET CITY ZIP

CONTACT NUMBER HOME CONTACT NUMBER CELL CONTACT NUMBER FAX

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SQUADRON ADJUTANT MEMBERSHIP # \_\_\_\_\_

PRINTED NAME PRINTED EMAIL ADDRESS

NUMBER AND STREET CITY ZIP

CONTACT NUMBER HOME CONTACT NUMBER CELL CONTACT NUMBER FAX

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SQUADRON MEMBERSHIP CHAIRMAN MEMBERSHIP # \_\_\_\_\_

PRINTED NAME PRINTED EMAIL ADDRESS

NUMBER AND STREET CITY ZIP

CONTACT NUMBER HOME CONTACT NUMBER CELL CONTACT NUMBER FAX

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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: \_\_\_\_\_