

Squadron # _____ City _____ County _____ District # _____

Squadron Officers Report

Year _____



Fill out even if Officers are the same

Please use complete Mailing address & phone number where you can be actually be reached



If mailed, mail to American Legion of Iowa 720 Lyon St. Des Moines 50309

Form due each year by September 15th

Membership cards will not be sent without current form on file

Commander _____ Tel. (____) _____

Address _____ City _____ ST. ____ Zip _____

Email _____ Member ID # _____

Adjutant _____ Tel. (____) _____

Address _____ City _____ ST. ____ Zip _____

Email _____ Member ID # _____

Finance Officer _____ Tel. (____) _____

Address _____ City _____ ST. ____ Zip _____

Email _____ Member ID # _____

Post Adviser _____ Tel. (____) _____

Address _____ City _____ ST. ____ Zip _____

Email _____ Member ID # _____

List day or days of regular meetings are held each month

Amount of Squadron Dues \$ _____

_____ Time _____

Duel Member \$ _____

_____ Time _____

Junior Member \$ _____

Physical Address where Squadron meets

Tel. (____) _____

Address _____ City _____ ST. ____ Zip _____