THE SONS OF THE AMERICAN LEGION

CERTIFICATION OF SQUADRON OFFICERS FOR 2020/2021

Elected/Appointed at a meeting of Squadron ____, convened at
_______________________, Arkansas; on ____________, 20___

COMMANDER: ____________________________ Phone (   )________
Address:_______________________________________________________________________

1ST VICE-COMMANDER: ____________________________ Phone (   )________
Address:_______________________________________________________________________

2ND VICE-COMMANDER: ____________________________ Phone (   )________
Address:_______________________________________________________________________

ADJUTANT: ____________________________ Phone (   )________
Address:_______________________________________________________________________

FINANCE OFFICER: ____________________________ Phone (   )________
Address:_______________________________________________________________________

CHAPLAIN: ____________________________ Phone (   )________
Address:_______________________________________________________________________

SGT-AT-ARMS: ____________________________ Phone (   )________
Address:_______________________________________________________________________

HISTORIAN: ____________________________ Phone (   )________
Address:_______________________________________________________________________

SQUADRON ADVISOR: ____________________________ Phone (   )________
Address:_______________________________________________________________________

SQUADRON MEETINGS: Date:______________________ Place:_________________________

Mail to: The American Legion, Department of Arkansas, P.O. Box 3280, Little Rock, AR 72203