



THE SONS OF THE AMERICAN LEGION DETACHMENT OFFICERS REPORT FORM

Please fill out this report giving complete name, mailing address and zip code, directly following the election of new Detachments Officers. Send original to: Sons of The American Legion, National Headquarters, P.O. Box 1055, Indianapolis, Indiana 46206. Retain one copy for your Detachment Records.

(PLEASE PRINT OR TYPE ALL INFORMATION)

The following Detachment Officers were elected/appointed at the Detachment Convention of the Sons of The American Legion, Detachment of _____, on _____
(State) (Date)

in _____, and will take office on _____.
(City, State) (Date)

DETACHMENT COMMANDER _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

DETACHMENT ADJUTANT _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

(email address required for Detachment Adjutants)

NAT'L EXECUTIVE COMMITTEEMAN _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

ALTERNATE NECman _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

SAL DEPARTMENT ADVISOR _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

The above listed officers are required to be submitted to National Headquarters by NEC Resolution. Please complete the reverse side of the form if your Detachment has appointed any of the Committee Chairmen listed.

ATTESTED _____
(Department / Detachment Adjutant)

(Certification of Detachment Officers is required by the National Executive Committee, Sons of The American Legion.) SAL 1-A01



THE SONS OF THE AMERICAN LEGION DETACHMENT CHAIRMEN REPORT FORM

DETACHMENT CHAIRMEN ELECTED OR APPOINTED (COMPLETE IF AVAILABLE)

DETACHMENT MEMBERSHIP CHRMN _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

DETACHMENT VA&R CHRMN _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

DETACHMENT AMERICANISM CHRMN _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

DETACHMENT CHILDREN & YOUTH CHRMN _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

DETACHMENT PUBLIC RELATIONS CHRMN _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

DETACHMENT COMMUNITY SERVICE CHRMN _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

DETACHMENT LEGISLATIVE CHRMN _____
(Member ID Number, First Name, Middle Initial, Last Name)

(mailing address & zip code)

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