



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 + four)

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

(mailing address & zip code + four)

(email address required for Detachment Adjutants)

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

(mailing address & zip code + four)

(email address required for NECmen)

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

(mailing address & zip code + four)

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

(mailing address & zip code + four)

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

