

For Dept Use:

Roster _____ Bkpr _____

Mail List _____ Web _____

SQUADRON INFORMATION FOR 2016-2017

Squadron No.: _____

Division: _____

Squadron Mailing Address:

Street or PO Box No. _____

City _____

Zip _____

Post Phone No.: _____ Meeting Day/Night and Time: _____

Post Email: _____ Post Website: _____

Meeting Place Address: _____

COMMANDER:

Name: _____ **Member ID No.:** _____
(Required)

Address: _____
Street or PO Box No. _____ City _____ Zip _____

Phone: Home: _____ Work: _____

E-mail Address: _____ Cell: _____ FAX _____

ADJUTANT:

Name: _____ **Member ID No.:** _____
(Required)

Address: _____
Street or PO Box No. _____ City _____ Zip _____

Phone: Home: _____ Work: _____

E-mail Address: _____ Cell: _____ FAX _____

MAILING ADDRESS:

Please complete the section below to inform Department Headquarters of the mailing address for any mailings It should be the Post Adjutant, Post Commander or the Post PO Box. Please note the Monthly Mailing is also accessible on our website at www.nclegion.org.

Name(Identify if person or Post) _____

Mailing Address _____

City _____ State _____ Zip _____

***NOTE: It is important that this information is completed as soon as Squadron Officers are elected. We must have correct information for both the Commander and Adjutant. It is also**

important that you list the date, time and place of your squadron meeting as well as a Post address and phone number.

Date: _____

Post Officer: _____