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SECOND VICE COMMANDER	Name & Address:	Day time Phone #: (       )	Membership #:
		Cell #: (       )	E-mail:
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CHAPLAIN	Name & Address:	Day time Phone #: (       )	Membership #:
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JUDGE ADVOCATE	Name & Address:	Day time Phone #: (       )	Membership #:
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Due to Department by September 22, 2025

**SEND ORIGINAL REPORT TO:**  
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**SEND A COPY OF THE REPORT TO:**  
 Richard Hackenberger, Adjutant  
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The above information is supplied for the purpose of communication from the Advisory Committee and/or the Detachment to each Squadron. It is not shared with anyone outside the SAL or American Legion for any reason. **I certify the above information is true and correct, and that all elected members are current in dues and of good standing.**

Date:	Signature:	Printed Name:	Title: