



Detachment of Missouri
Sons of the American Legion

OFFICER CHANGE / CORRECTION FORM

DATE	SQUAD NUMBER	SQUAD LOCATION	DISTRICT NUMBER
OFFICE TITLE TO BE CHANGED OR CORRECTED (i.e. Commander, Adjutant, Membership Chairman, etc.)			
NAME OF NEW OFFICER		MEMBERSHIP NUMBER	
STREET ADDRESS			
CITY, STATE, ZIP CODE			
DAYTIME PHONE NUMBER		CELL PHONE NUMBER	
E-MAIL ADDRESS			
REASON FOR CHANGE (Deceased, resigned, etc.)			
NAME OF PERSON REPORTING CHANGE		PHONE NUMBER	

THIS FORM IS TO BE USED TO CHANGE CURRENT SQUAD OFFICERS ONLY. IT IS NOT TO BE USED AS AN ELECTION REPORT.

Send completed form to:

Detachment of Missouri - SAL
P.O. Box 179
Jefferson City, MO 65102-0179
- OR -
Fax: 573-893-2980
E-mail: programs@missourilegion.org