



SENIOR VICE COMMANDER	Name & Address:	Day time Phone #: ()	Membership #:
		Cell #: ()	E-mail:

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SECOND VICE COMMANDER	Name & Address:	Day time Phone #: ()	Membership #:
			E-mail:
FINANCIAL OFFICER	Name & Address:	Day time Phone #: ()	Membership #:
			E-mail:
CHAPLAIN	Name & Address:	Day time Phone #: ()	Membership #:
			E-mail:
JUDGE ADVOCATE	Name & Address:	Day time Phone #: ()	Membership #:
			E-mail:

Due to Department by September 22, 2025

SEND ORIGINAL REPORT TO:

Sons of the American Legion
Detachment Headquarters
P.O. Box 179
Jefferson City, MO 65102-0179
services@missourilegion.org
(573) 893-2353

SEND A COPY OF THE REPORT TO:

Richard Hackenberger, Adjutant
Sons of the American Legion
Detachment of Missouri
363 Great Lakes Sr
St. Peters, MO 63376
airway1@sbcglobal.net

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: