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

Due to Department by September 1st, 2021

**SEND ORIGINAL REPORT TO:**

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

**SEND A COPY OF THE REPORT TO:**

Tim Cudd, Adjutant  
 Sons of the American Legion  
 Detachment of Missouri  
 PO Box 41  
 St Charles, MO 63302  
[crgincol@gmail.com](mailto:crgincol@gmail.com)

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:
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