

SQUADRON OFFICER INFORMATION SHEET

DETACHMENT OF MICHIGAN

2023-2024

SQUADRON _____ DISTRICT _____

SQUADRON COMMANDER

MEMBERSHIP # _____

PRINTED NAME

PRINTED EMAIL ADDRESS

NUMBER AND STREET

CITY

ZIP

CONTACT NUMBER HOME

CONTACT NUMBER CELL

CONTACT NUMBER FAX

SQUADRON ADJUTANT

MEMBERSHIP # _____

PRINTED NAME

PRINTED EMAIL ADDRESS

NUMBER AND STREET

CITY

ZIP

CONTACT NUMBER HOME

CONTACT NUMBER CELL

CONTACT NUMBER FAX

SQUADRON MEMBERSHIP CHAIRMAN

MEMBERSHIP # _____

PRINTED NAME

PRINTED EMAIL ADDRESS

NUMBER AND STREET

CITY

ZIP

CONTACT NUMBER HOME

CONTACT NUMBER CELL

CONTACT NUMBER FAX

SQUADRON ADVISOR

LEGION MEMBERSHIP # _____

PRINTED NAME

PRINTED EMAIL ADDRESS

CONTACT NUMBER

POST NAME

MEETING DAY AND TIME

MEETING ADDRESS AND CITY

MAIL COMPLETED FORM TO:
DEPARTMENT OF MICHIGAN
ATTN: DEANNA CLARK
212 N VERLINDEN AVE, STE. A
LANSING, MI 48915

Fidelity & Crime Insurance Covering Squadron Officers Facts You Should Know

All Squadrons are required to insure their officers handling Squadron membership funds pursuant to Article VII, Section 18, of the Department Constitution.

This policy does not include coverage on special committees, employees of Memorial Homes, Clubs or Bars. You must contact other insurance companies for such coverage at a much higher premium rate.

Your coverage under this policy at a nominal premium rate will not prevent loss of funds and does not release your Squadron Officers and members from the obligation of protecting your funds against a possible loss.

In case of eventual loss, immediately report all details to the local police department & Department of Michigan Headquarters in writing immediately upon discovery. It will then be reported to the insurance company and become a matter between your Squadron and the insurance provider.

Positions covered are: Commander, Adjutant, Finance Officer covering the dues portion remitted to Detachment only.

Squadron Invoice

**COST: \$10.00 Keep this portion of the INVOICE for your Squadron records and cut on the below dotted line and Only return the bottom portion with payment to:
The American Legion, 212 N Verlinden Ave, Ste. A, Lansing MI 48915**

\$10 Squadron Insurance Premium Invoice

Covers from July 1, _____ to June 30, _____

Squadron # _____

District # _____

City: _____

Check # _____

The American Legion, 212 N Verlinden Ave, Ste. A, Lansing MI 48915