

SQUADRON OFFICER INFORMATION SHEET
DETACHMENT OF MICHIGAN

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