

SQUADRON OFFICER INFORMATION SHEET

DETACHMENT OF MICHIGAN

2018 / 2019

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 V, Section 3, Paragraph (e.) of the Department Constitution and By-Laws.

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