

DETACHMENT OF WASHINGTON



Annual Report of Squadron Officers

Squadron Name _____ No. _____ Date _____

Meeting Address _____ City _____ Zip _____

Meeting night _____ Time _____ Dues _____ Jrs. _____ Adults _____ Duals _____

Squadron Advisor _____ Phone _____

Address _____ City _____ Zip _____

Email Address _____

Commander _____ Phone _____

Address _____ City _____ Zip _____

Email Address _____

Adjutant _____ Phone _____

Address _____ City _____ Zip _____

Email Address _____

1st Vice Commander _____ Phone _____

Address _____ City _____ Zip _____

2nd Vice Commander _____ Phone _____

Address _____ City _____ Zip _____

Sergeant-at-Arms _____ Phone _____

Address _____ City _____ Zip _____

(Over)

Finance Officer _____ Phone _____

Address _____ City _____ Zip _____

Chaplain _____ Phone _____

Address _____ City _____ Zip _____

Historian _____ Phone _____

Address _____ City _____ Zip _____

Additional Advisors (if any)

Squadron Advisor _____ Phone _____

Address _____ City _____ Zip _____

Squadron Advisor _____ Phone _____

Address _____ City _____ Zip _____

Please complete **ALL** the above information before returning it to the Detachment. This form is to be sent immediately following the elections of officers which needs to be done **NO LATER** than 30 days prior to the Detachment Convention. Membership cards, manuals, etc. will be given out at Convention if this report received by then. Squadrons not attending will have their cards sent by mail.

CERTIFIED BY

Post Commander _____ Date _____

Post Adjutant _____ Date _____

Squadron Advisory Committee _____ Date _____

_____ Date _____

_____ Date _____

Mail To: Detachment of Washington
P.O. Box 572
Benton City WA, 99320