

2019

SONS OF THE AMERICAN LEGION

2019

Detachment of Pennsylvania

PO Box 2324, Harrisburg PA 17105-2324

THIS CARD MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY
July 1, 2018

Squad #: _____ Name of Squadron: _____

Dist. No. _____ Section: _____ County: _____

Commander (Name): _____ SAL ID#: _____

(Street) (City) (Zip) (home or cell phone) (email)

Adjutant (Name): _____ SAL ID#: _____

(Street) (City) (Zip) (home or cell phone) (email)

Liaison (must be regular member): _____ Legion ID#: _____

(Street) (City) (Zip) (home or cell phone) (email)

Squad Mailing Address: _____

(LIST BOTH THE PO BOX & STREET ADDRESS IF APPLICABLE)

Day of Squadron Meeting: _____ Telephone: _____

Dues Per Member: \$ _____ Signed by Officer: _____

Please list applicable E-mail address: _____

Please print or type the above information