

2027

**SONS OF THE AMERICAN LEGION**

2027

*Detachment of Pennsylvania*

**PO Box 2324, Harrisburg PA 17105-2324**

**THIS CARD MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY  
July 1, 2026**

Squad #: \_\_\_\_\_ Name of Squadron: \_\_\_\_\_

Dist. No. \_\_\_\_\_ Section: \_\_\_\_\_ Post Cmdr Signature: \_\_\_\_\_

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**