



SONS OF THE AMERICAN LEGION DETACHMENT OF MICHIGAN

OFFICER DATA INFORMATION

OFFICE/CHAIR HELD: _____ YEAR: _____ - _____

NAME #: _____

S.A.L. MEMBERSHIP #: _____

HOME ADDRESS: _____

SQUADRON #: _____ DISTRICT #: _____ ZONE #: _____

HOME #: _____

CELL #: _____

WORK #: _____

EMAIL: _____