



**SONS OF THE AMERICAN LEGION  
DETACHMENT OF VERMONT  
SQUADRON ROSTER OF OFFICERS**

**SQUADRON NAME:** \_\_\_\_\_ # \_\_\_\_\_

**MEETING DAY:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**COMMANDER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **MEMBER ID:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**SR. VICE COMDR NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **MEMBER ID:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**JR. VICE COMDR NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **MEMBER ID:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**ADJUTANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **MEMBER ID:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**FINANCE OFFICER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **MEMBER ID:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**CHAPLAIN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **MEMBER ID:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**HISTORIAN NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ E:MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**SGT-AT-ARMS NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ E:MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**LEGION ADVISOR NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ E:MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**AMERICANISM CHAIRMAN NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ E:MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**CHILDREN & YOUTH CHAIRMAN NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ E:MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**SCHOLARSHIP CHAIRMAN NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ E:MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**The undersigned acknowledges the Officer's of this Squadron have been duly installed:**

\_\_\_\_\_  
INSTALLING OFFICERS'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AMERICAN LEGION POST COMMANDER'S SIGNATURE

**Please fill out completely and mail to:**

**Lucas Herring**  
**36 Railroad Street**  
**Barre, Vermont 05641**  
[Salvtlegionpost10@gmail.com](mailto:Salvtlegionpost10@gmail.com)