

The American Legion  
 Detachment of Oregon  
**Installation of Squadron Officers**

Squadron # \_\_\_\_\_ Area # \_\_\_\_\_ Officers for the years 20\_\_\_\_ to 20\_\_\_\_\_

NOTE: DO NOT REPORT "As previously Reported". **The information must be complete This information is required by National**

Position	Name	Member ID
Commander		
1 <sup>st</sup> Vice CMDR		
2 <sup>nd</sup> Vice CMDR		
Adjutant		
Finance Officer		
Chaplain		
Historian		
Service Officer		
Sgt At Arms		
Judge Advocate		
E Board		
E Board		
E Board		
E Board		
E Board		

Date: \_\_\_\_\_ Certified By: \_\_\_\_\_ Installed By: \_\_\_\_\_  
 Signature/Title Signature/Title

**Note:** Please send to Department Headquarters **as soon as elections and installation are complete.**

Send 1 copy to Department Headquarters and keep 1 copy for your records