

20__ - 20__ CONFIDENTIAL LIST REPORT

This form must be completed and sent to Dept. Headquarters
PO Box 1730, Wilsonville, OR 97070-1730
with the information for this coming Legion Year by June 1st

NOTE: Without this information, the Confidential Roster will show "OLD" information.

SQUADRON NAME: _____ SQU # _____ AREA _____

PLACE OF MEETINGS: Street Address _____
Mailing Address _____
City: _____ Oregon Zip: _____

MEETINGS HELD ON _____ TIME OF MEETING _____ AM/PM

AMOUNT OF SQU DUES \$ _____ (Note: you need to also have sent in Post Data Form to change dues)

SQU PHONE _____ OTHER SQU CONTACT PHONE NUMBER _____

SQU E-MAIL ADDRESS _____

SPECIAL NOTE: Does mail go to SQU Address: _____ or Adjutant's/Commander Home Address _____?

COMMANDER	MEMBER ID NUMBER	HOME PHONE	CELL PHONE
_____	_____	_____	_____

Commanders Mailing Address:
_____ City _____ St _____ Zip: _____

E-MAIL _____ BUSINESS PHONE: _____

ADJUTANT	MEMBER ID NUMBER	HOME PHONE	CELL PHONE
_____	_____	_____	_____

Mailing Address:
_____ City _____ St _____ Zip: _____

E-MAIL _____ BUSINESS PHONE: _____

SAL Chairman	MEMBER ID NUMBER	HOME PHONE	CELL PHONE
_____	_____	_____	_____

Mailing Address:
_____ City _____ St _____ Zip: _____

E-MAIL _____ BUSINESS PHONE: _____

Deadline: June 1st

One Copy to Department Headquarters - - One Copy for Post files