



SQUADRON OFFICERS REPORT 2024-2025

DETACHMENT OF NEW HAMPSHIRE

SQUADRON NAME _____ NUMBER _____

MAILING ADDRESS _____ CITY _____ STATE _____

ZIPCODE _____ POST PHONE# _____ DISTRICT# _____

SQUADRON MEETING DATES _____ TIME _____

Commander _____ ID# _____

Address _____ City _____ State _____ Zip _____

Email address: _____ PHONE # _____

First Vice Commander: _____ PHONE # _____

Address _____ City _____ State _____ Zip _____

Second Vice Commander: _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Adjutant: : _____

ID# _____

Address _____ City _____ State _____ Zip _____

Email address: _____ PHONE # _____

Finance Officer: _____

Address _____ City _____ State _____ Zip _____

PHONE# _____

Chaplain: _____

Address _____ City _____ State _____ Zip _____

Historian: _____

Address _____ City _____ State _____ Zip _____

Sgt. @Arms: _____

Address _____ City _____ State _____ Zip _____

Squadron Advisor: _____

Address _____ City _____ State _____ Zip _____

Date _____ Squadron Adjutant Signature _____

Installing Officer: _____ Title: _____

It is imperative that this listing be completed and forwarded to Detachment Headquarters. The roster and mailing lists are compiled from this information. Your promptness will be appreciated.

**If the list is missing information, it will need to be returned to be completed.