



SQUADRON OFFICERS REPORT 2017-2018

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: _____

Address _____ City _____ State _____ Zip _____

Email address _____ PHONE # _____

Second Vice Commander: _____

Address _____ City _____ State _____ Zip _____

Email address _____

Adjutant: : _____

ID# _____

Address _____ City _____ State _____ Zip _____

Email address _____ PHONE # _____

Finance Officer: : _____

Address _____ City _____ State _____ Zip _____

Email address _____ 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.

