

DETACHMENT OF SOUTH DAKOTA
SQUADRON OFFICERS REPORTING FORM

YEAR: _____



SQUADRON _____

CITY _____

Commander _____ Phone: _____ *
Address _____ Email: _____

1st Vice Commander _____ Phone: _____ *
Address _____ Email: _____

2nd Vice Commander _____ Phone: _____
Address _____ Email: _____

Chaplain _____ Phone: _____ *
Address _____ Email: _____

Historian _____ Phone: _____
Address _____ Email: _____ *

Sgt-At-Arms _____ Phone: _____ *
Address _____ Email: _____

Adjutant _____ Phone: _____
Address _____ Email: _____

Finance _____ Phone: _____
Address _____ Email: _____

Membership _____ Phone: _____ *
Address _____ Email: _____

VA&R _____ Phone: _____
Address _____ Email: _____

Americanism _____ Phone: _____ *
Address _____ Email: _____

Children & Youth _____ Phone: _____ *
Address _____ Email: _____

Public Relations _____ Phone: _____
Address _____ Email: _____

Community Service _____ Phone: _____
Address _____ Email: _____

Committeeman _____ Phone: _____ *
Address _____ Email: _____

* = Required Officers & Chaimen