

SQUADRON OFFICER INFORMATION SHEET

DETACHMENT OF MICHIGAN

2015 / 2016

SQUADRON _____ DISTRICT _____

SQUADRON COMMANDER _____ MEMBERSHIP # _____

PRINTED NAME _____ PRINTED EMAIL ADDRESS _____

NUMBER AND STREET _____ CITY _____ ZIP _____

CONTACT NUMBER HOME _____ CONTACT NUMBER CELL _____ CONTACT NUMBER FAX _____

SQUADRON ADJUTANT _____ MEMBERSHIP # _____

PRINTED NAME _____ PRINTED EMAIL ADDRESS _____

NUMBER AND STREET _____ CITY _____ ZIP _____

CONTACT NUMBER HOME _____ CONTACT NUMBER CELL _____ CONTACT NUMBER FAX _____

SQUADRON MEMBERSHIP CHAIRMAN _____ MEMBERSHIP # _____

PRINTED NAME _____ PRINTED EMAIL ADDRESS _____

NUMBER AND STREET _____ CITY _____ ZIP _____

CONTACT NUMBER HOME _____ CONTACT NUMBER CELL _____ CONTACT NUMBER FAX _____

SQUADRON ADVISOR _____ LEGION MEMBERSHIP # _____

PRINTED NAME _____ PRINTED EMAIL ADDRESS _____

CONTACT NUMBER _____ POST NAME _____

MEETING DAY AND TIME _____ MEETING ADDRESS AND CITY _____

MAIL COMPLETED FORM TO:
DEPARTMENT OF MICHIGAN
ATTN: **DEANNA CLARK**
212 N VERLINDEN AVE, STE. A
LANSING, MI 48915

**Blanket Bond Covering Post Officers
Facts You Should Know
2015-2016**

All Squadrons are required to bond their officers handling Squadron funds pursuant to Paragraph E, Section 3. Article 5 of the Department Constitution and By-Laws.

This policy does not include coverage on special committees, employees of Memorial Homes, Clubs or Bars. You must contact other Bonding Companies for such coverage at a much higher premium rate.

Your coverage under this Blanket Bond at a nominal premium rate will not prevent loss of funds and does not release your Squadron Officers and members from the obligation of protecting your funds against a possible loss.

In case of eventual loss, report all details to Department Headquarters in writing immediately upon discovery. It will then be reported to the Bonding Company and become a matter between your Post and the Company.

**Squadron Bonding Invoice
2015-2016**

COST: \$10.00

Positions Bonded are: Commander, Adjutant, Finance Officer for up to \$2500 covering the dues portion remitted to Department only.

Date_____

Check Number_____

Detach Here on the Dotted Line

Please retain top half of INVOICE for your Squadron records, return the bottom portion to: The American Legion, 212 N Verlinden Ave, Ste. A, Lansing MI 48915.

**Blanket Bond Premium Covers
July 1, 2015 to June 30, 2016**

**Squadron Bonding Invoice
\$10.00**

Squad #_____ District #_____ City _____ Check#_____