



Polish Legion of American Veterans, U.S.A.

Sons Detachment Officers Roster

Fiscal Year (s) _____

Detachment _____

Address: _____

City: _____ State: _____ Zip: _____

Mail to be sent to: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ E-Mail: _____

Commander

Commander's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ E-Mail: _____

Adjutant

Adjutant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ E-Mail: _____

Finance Officer

Finance Officer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Form filled out by: _____ Title: _____

Phone Number: _____ E-Mail: _____

Date: _____