



ANNUAL SQUADRON DATA REPORT (SDR)

20 Membership Year "**NEW SQUADRON ONLY**"

Detachment _____ District/County _____ Squadron # _____

CHANGES (or) CORRECTIONS

Please type or print in ink and forward to your Detachment and National Headquarters

1) Squadron's Home (Physical) Address: _____
(Street address, city, state, and zip code) _____

2) Squadron's Mailing Address: _____
If different than physical address _____

3) Squadron's Dues Mailing Address: _____
If different than physical address _____

Note: If the above address contains a member's name or is being sent to a member's home address as the contact, please provide the member's ID#.

4) Annual Squadron Dues for 20 _____ (*membership year*)
Regular member: \$ _____ Dual member: \$ _____
Junior member: \$ _____ Max. age: _____ Effective Date: _____
Month / Day / Year

Note: Include all district and county per capita the squadron will be responsible for paying (*if applicable*)

5) Squadron Telephone Number: _____
Note: DO NOT use personal phone numbers of members

6) Squadron Fax Number: _____

7) Squadron Email Address: _____

8) Squadron Internet Website: _____

9) Squadron Facebook Page: _____

10) Squadron Meeting Day & Time: _____

Squadron Adjutant or Commander Signature Date

THIS FORM SHOULD BE SUBMITTED WITH A NEW SQUADRON CHARTER APPLICATION ONLY