



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

SONS DETACHMENT OFFICERS ROSTER INSTRUCTIONS

FORM: M-100-A

All requests for copies of this Form must be submitted to the National Adjutant or down loaded from our website www.plav.org.

This Form records the names and addresses of Sons Detachment Officers.

In all cases the mailing address will fall into one of these categories:

1. A permanent building or location of said Detachment
2. The Detachment Commander's home address.
3. The Detachment Adjutant's home address

To assure continuity, the mailing address should follow the above order. The National Adjutant uses the mailing address for the mailing of all correspondence emanating from the National Department, and also submits the mailing address to the IRS. For these reasons it is imperative that the mailing address be correct and as permanent as possible.

Correspondence sent to the mailing address is the express property of said Detachment and should not be treated as personal mail. Out of courtesy, if mail is sent to the mailing address, and it is no longer a valid address, deliver it to the proper person and have them send a correction to the National Adjutant immediately.

The Form is self-explanatory. Please pay special attention to the mailing address. The Officers Roster is to be typed, but a readable printed Form is acceptable. Copies can be made, that stays with the Detachment, Post and State Department. The original is to be sent to the National Adjutant. A copy made by the National Adjutant will be sent to the National Membership Director.

It is the duty of the Detachment Commander or Adjutant to complete this form immediately after each election of new officers and to submit corrections as they occur.



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: _____