

SQUAD INFORMATION SHEET

SQUAD/DEPARTMENT NAME: _____

CAPTAIN/CHIEF/COMMANDER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

HOW DO YOU WANT THE ASSOCIATION TO COMMUNICATE WITH YOUR
DEPARTMENT?

EMAIL: _____ TEXT: _____ USPS MAIL: _____

WOULD YOU WANT AN ASSOCIATION EMAIL ADDRESS FOR YOUR
SQUAD/DEPARTMENT (yoursquad@alars.org)?