



ARNOLD AIR SOCIETY

EXECUTIVE MANAGEMENT CENTER
9 E. LOOCKERMAN ST., SUITE 2B
DOVER, DE 19901-7343

OFFICER ROSTER

Check One:

Date: _____

Area HQ: _____

Squadron: _____ Area: _____

School _____ AFROTC Det: _____

NOTE: This report must be typed.

<u>Office</u>	<u>Name</u>	<u>E-Mail Address</u>
Commander	_____	_____
Vice Commander (Area HQ)	_____	_____
Deputy Commander (Squadron)	_____	_____
Operations Officer	_____	_____
Information Management Officer	_____	_____
Financial Management Officer	_____	_____
Public Affairs Officer	_____	_____
Silver Wings Liaison Officer	_____	_____
Candidate Training Officer	_____	_____
Support Officer	_____	_____

If additional officers have been created by your unit list names of the officers below and briefly outline duties. Use reverse side if necessary.

Advisor _____ Signature _____ Typed _____ USAF Rank: _____

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Information Management Officer