

7 **SQUADRON OFFICER NOTIFICATION FORM**
20__ - 20__

This form is most important and should be sent to Department Headquarters
anytime there is a change in Squadron Officers. Please make copies.

Squadron Name: _____ Squ # _____ Area.# _____

Retiring Officer of record Commander _____ Adjutant _____ Other _____

NAME _____ Member ID Number _____

New Officer of record Commander _____ Adjutant _____ Other _____

NAME _____ Member ID Number _____

Mailing Address: _____

City _____ OR Zip: _____ - _____

Home Phone: _____ - _____ Cell Phone: _____ - _____

Email _____ FAX Number _____ - _____

The effective date of change: _____

Signed: _____

Squadron Commander or Adjutant