

## UNITED STATES POWER SQUADRONS®

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## PERSONNEL CHANGE REPORT

FROM:				
SQUADRON N	IAME S	QUAD ACCT #	DIST #	TODAY'S DATE
PLEASE INDICATE THE TYPE O	F CHANGE YOU ARE	REPORTING:		
☐ Address Change ☐ Name Change ☐ Deceased Member (include old name and new name)				☐ Resignation (include letter of explanation)
NOTE: If any of the reported c office held in the space		mber currently li	sted in the Direc	tory of Officers, please list the
Certificate # and Name		New Address, Zip Code, and Phone Number with Area Code		Office Held
		and the second s		