

UNITED STATES POWER SQUADRONS®

REGISTRATION FORM FOR STUDENTS IN OPERATIONS TRAINING PROGRAM

SQUADRON _____ DISTRICT _____ DATE _____

RANK _____ NAME _____ GRADE _____

CERTIFICATE NUMBER _____

ADDRESS (STREET OR P.O. BOX) _____

_____ CITY _____ STATE _____ ZIP CODE _____

SQUADRON OFFICE(S) CURRENTLY HELD (IF ANY) _____

PREVIOUS SQUADRON EXPERIENCE _____

COMMENTS BY REGISTRANT _____

THIS SPACE FOR COMMITTEE USE ONLY

OT/COM CHAIRMAN _____

COMMENTS _____

COMPLETED: MODULAR I _____
MODULAR II _____
MODULAR III _____
MODULAR IV _____

NOTE: This form to be retained by the Squadron OT Chairman