

RECORD OF ORGANIZATION CHANGES
EFFECTIVE DATE OF CHANGE _____

UNIT NAME:

CHARTER NUMBER:

UNIT MAILING ADDRESS:

UNIT E-MAIL ADDRESS:

UNIT URL:

LOCATION OF MEETINGS:

UNIT EIN:

DAY AND TIME OF MEETINGS:

COMMANDER'S NAME:

RANK:

COMMANDER'S HOME ADDRESS:

HOME PHONE: E-MAIL:

WORK PHONE:

FAX:

PAGER:

CAPSN:

CAP RADIO CALL SIGN:

CELL PHONE:

URL:

IN ABSENCE OF COMMANDER, PLEASE CONTACT:

NAME:

RANK:

DUTY POSITION:

CAPSN:

MAILING ADDRESS:

HOME PHONE:

E-MAIL:

WORK PHONE:

FAX:

PAGER:

CAP RADIO CALL SIGN:

CELL PHONE:

URL:

SIGNATURE OF UNIT COMMANDER/DESIGNEE

DATE OF SUBMISSION

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Date Received at Wing: _____

Date Recorded at Wing: _____

Recorded by: _____

Distribution: 1 to File, 1 to Alert Roster, 1 to Personnel