

PLEASE PRINT CLEARLY

Your signature on this Annex signifies that you agree with the collection and use of your personal information and accept your responsibilities and obligations regarding access to the personal information of others, as defined in Part Two, Section 7a, b, c & e of this form.

Squadron: Number: _____ Name: _____

Parade Night: _____ Time: _____ Location: _____

LHQ Address: _____

Mailing Address: _____

Phone: LHQ: _____ Emergency: _____

E-mail: _____

Web Site: _____

Cadet Numbers: LSA Quota: _____ Eff Strength: _____

Commanding Officer: _____ Appointed: dd/mm/yy _____

Address: _____

Phone: Home: _____ Cell/Bus: _____

E-mail: _____

Signature: _____

Deputy CO or Equivalent: _____

Address: _____

Phone: Home: _____ Cell/Bus: _____

E-mail: _____

Signature: _____

Nat'l Courses Contact: CO or _____

Phone: Home: _____ Cell/Bus: _____

E-mail: _____

Signature: _____

OPC Lottery Contact: SSC Chair or _____

Phone: Home: _____ Cell/Bus: _____

E-mail: _____

Signature: _____