


ORGANIZATION ACTION

DATE (yyyy/mm/dd)	WING CONTROL #	CHARTER NUMBER (example SER AL 001)	 * C A P F 2 7 *
ACTIVATION – Please complete All <input type="checkbox"/> Request Charter I agree to operate the unit in compliance with the purposes and objectives of the Civil Air Patrol as set out in its charter, Constitution, Bylaws, and other directives and authorize the inclusion of this unit in the Civil Air Patrol roster of units for which it annually makes application for group exemption from Federal income taxes		DEACTIVATION <input type="checkbox"/> The above unit is deactivated for the reason outlined in Comments below. Remaining members are to be transferred to charter number _____ By signature of this form below, I certify that there has been a proper accounting CAPR 173-1. I also certify that any real property (land, Buildings) has been properly transferred and equipment and supplies inventoried and transferred as evidenced by CAP Forms 37.	
Signature of Unit Commander _____			
UNIT CHANGES <input type="checkbox"/> Commander <input type="checkbox"/> Meeting Place <input type="checkbox"/> Unit Name <input type="checkbox"/> Mailing Address <input type="checkbox"/> Meeting Time / Day <input type="checkbox"/> Other			
COMPLETE APPLICABLE ITEMS ONLY (PLEASE PRINT)			
UNIT NAME			
UNIT NAME CHANGE			
DESIGNATION or REDESIGNATION <input type="checkbox"/> Cadet <input type="checkbox"/> Senior <input type="checkbox"/> Composite <input type="checkbox"/> Flight			
Unit Commander (Last Name-First Name-Middle Initial)			CAPID
Commanders E-Mail Address			
Commanders Home Phone	Commanders Cell Phone	Commanders Work Phone Ext	OK to call at Work Yes <input type="checkbox"/> No <input type="checkbox"/>
Unit Mailing Address (Number and Street)		Address 2	
City		State	Zip + 4
Unit Meeting Address		Address 2	
City		State	Zip + 4
Meeting Day	Meeting Time-24 hour	Weekly meetings (If no please use comment area for days) Yes <input type="checkbox"/> No <input type="checkbox"/>	Unit Phone Number Ext
Unit URL (website)			
Unit Recruiting Contact Person (if different from commander) Last Name, First Name, MI			CAPID Home Phone
Contact Cell Phone	Contact E-Mail		
Comments			
Signature of person completing form		Date	Signature of Wing Commander (or Vice Commander) Date