



UNITED STATES POWER SQUADRONS®

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APPLICATION FOR REINSTATEMENT

FROM: _____
SQUADRON NAME SQUAD ACCT # DIST # DUES YEAR TO WHICH
REINSTATEMENT APPLIES

IMPORTANT - This form is for reinstatements only. (1) Use Form HQ104, Section B to add new family members or new additional active members. (2) If member is from another squadron, please give name of the last squadron. (3) **EVERY** active member and family member must have a certificate number before they can be reinstated. If a certificate number cannot be located, please contact the Headquarters Membership Department for verification of prior membership before submitting this application. (4) **Reminder** - It is very important to use the correct dues year when filling in the "dues year to which reinstatement applies" at the top of this form. (5) All applicable dues and fees will be billed to squadron (see current Dues and Fees Schedule for amounts).

Certificate Number, Name and Address of Active Member	Former Squadron if Other than Above	Certificate Number and Name of Additional Active or Family Members
Influenced by:	Certificate #:	
Influenced by:	Certificate #:	
Influenced by:	Certificate #:	
Influenced by:	Certificate #:	
Influenced by:	Certificate #:	

DATE

SQUADRON TREASURER

SEND WHITE COPY TO USPS HQ
KEEP YELLOW COPY FOR YOUR FILES