**MEMORANDUM FOR 27 SOFSS/FSR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (DATE)

**FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(NAME OF THE PRIVATE ORGANIZATION OR UNOFFICIAL ACTIVITY)

**SUBJECT: Privacy Act Statement**

***PRIVACY ACT STATEMENT***

***AUTHORITY: 10 U.S.C. 8012***

***Principal Purpose(s): To provide the Force Support Squadron, Cannon Air Force Base, New Mexico, with statistical data about the officers and board of governors of the private organization or unofficial activity, so that those members can be duly notified in a timely manner during emergencies, annual reviews, formal and informal inquiries or investigations, and so they can be contacted by persons interested in becoming a member of the organization.***

***Routine Uses: See "Principal Purpose(s)"***

***Disclosure is Voluntary: The information is privileged and cannot be disclosed without your consent. You are not required to complete this form; however, you cannot serve as an officer or on the board of governors if the information is not provided to the Force Support Squadron. In addition, failure to disclose this information will preclude the inclusion of your private organization in any fund-raising events and any Force Support Squadron advertising or publicity efforts.***

**CURRENT OFFICERS**

**PRESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(TYPED OR PRINTED NAME / PHONE # / EMAIL ADDRESS)

**VICE PRESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(TYPED OR PRINTED NAME / PHONE # / EMAIL ADDRESS)

**SECRETARY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(TYPED OR PRINTED NAME / PHONE # / EMAIL ADDRESS)

**TREASURER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(TYPED OR PRINTED NAME / PHONE # / EMAIL ADDRESS)

**The above signatures indicate the Privacy Act Statement has been read and that requested information is given for the above-stated purposes to the 27 Special Operations Force Support Squadron.**