MARCH FIELD COMPOSITE SQUADRON 45

UNITED STATES AIR FORCE AUXILIARY – CIVIL AIR PATROL

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CONSENT TO EXCHANGE CONTACT INFORMATION

I, _____, hereby consent to the distribution of my personal information limited to my name, address, telephone number(s) and e-mail address(s) to other members of Civil Air Patrol March Field Composite Squadron 45.

I understand that my personal information will not be disseminated to any person who is not a Senior Member of the Civil Air Patrol March Field Composite Squadron 45 without having first obtained my consent in writing.

Further, I agree that if I obtain a Senior Member Contact Information Sheet, I will utilize it only for official Civil Air Patrol business and for no other purpose (i.e. personal, business, chain e-mails, etc).

I understand that I may decline to consent to this exchange of contact information and may withdraw my consent at any time.

_____ _____

Date Signature

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