

North Star Flotilla 013 07 06

U. S. COAST GUARD AUXILIARY

MEMBER RECORD



First Name: _____ Last Name: _____

Street: _____ City: _____

State: _____ ZIP: _____ Email: _____ DOB: _____

Phone (H): _____ Phone (Cell): _____

Spouse's (Significant other's) name: _____

Date of New Member Interview: _____ Date of EMPLOY#: _____

Boat Info: Name: _____ Berthed at: _____

Length: _____ Power: Outboard ____ I/O ____ Inboard ____ Sail ____

Years on the water: _____ Boating Safety Course: no ____ yes ____ if yes-date: _____

Licenses held: _____

Occupation: _____

Hobbies: _____

Children: name: _____ age: _____

name: _____ age: _____

name: _____ age: _____

Qualifications/status:

AP Date: _____ IT Date: _____ BQ Date: _____

VE: Date: _____ Marine Dealer Date: _____ AUXOP Date: _____

Instructor Date: _____ Specialty Course(s): _____

Crew Date: _____ Coxswain Date: _____ QE Date: _____

Comms. Watchstander Date: _____

Air Pilot Date: _____ Air Crew Date: _____

Trident Prog. Ratings: _____