



INFORMATION REQUEST—please print



Promoting Boating Safety, Security, and Stewardship Since 1939

Name: _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Phone: home (_____) _____ cell/office (_____) _____

I would like the following (check all that apply)

- Coast Guard Auxiliary Membership Information
- Boating Safety Class Information
- Vessel Safety Check. My Boat is located at _____
- Coast Guard Active Duty or Reserve Recruiting Information
- Other - (please specify) _____

Referred by: Name: _____ Fl/Div: _____ Date: _____



INFORMATION REQUEST—please print



Promoting Boating Safety, Security, and Stewardship Since 1939

Name: _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Phone: home (_____) _____ cell/office (_____) _____

I would like the following (check all that apply)

- Coast Guard Auxiliary Membership Information
- Boating Safety Class Information
- Vessel Safety Check. My Boat is located at _____
- Coast Guard Active Duty or Reserve Recruiting Information
- Other - (please specify) _____

Referred by: Name: _____ Fl/Div: _____ Date: _____