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: __________

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