

INSTRUCTIONS FOR COMPLETING THIS APPLICATION - CGAUX-32

1. General- Everyone requesting membership in the U.S. Coast Guard Auxiliary must complete this form.
 - a. Read all instructions carefully.
 - b. This form is used to enter new member personal data into AUXMIS.
 - c. Data from this form are reported in detail with the exception of Date of Birth and Social Security Administration Number on the flotilla roster and Member Summary and Status Report.
2. FLOTILLA NUMBER- Enter the seven digit number of the flotilla submitting this application. Completed by the FC/FSO-MR.
3. SECTION I PERSONAL DATA OF APPLICANT- *To be completed by Applicant.*
 - a. LAST NAME- If JR., SR., or Numbers are used, include in this block.
 - b. FIRST NAME AND MIDDLE INITIAL- Enter as normally written.
 - c. CHECK- One of the gender boxes.
 - d. MAILING ADDRESS- Enter current mailing address.
 - e. CITY- Enter name of city where address is located. If residence is outside the United States, also enter country.
 - f. STATE- Use The official two-letter postal code. Leave blank if outside the United States.
 - g. ZIP CODE- Use current five numbers. Add ZIP+4 when known.
 - h. TELEPHONES- Enter area code and telephone number(s).
 - i. OCCUPATION- Enter present occupation or indicate previous occupation, check box as to status.
 - j. SOCIAL SECURITY ADMINISTRATION NUMBER- Enter SSAN (See 1c above).
 - k. DATE OF BIRTH- Enter DOB using MM/DD/YY numeric format, 06/18/30 (See 1c above). Membership eligibility begins at 17 years of age.
 - l. SPOUSE'S NAME- Use spouse's given name-no nicknames.
 - m. ETHNIC GROUP (Optional)- Check box which describes your ethnic group.
 - n. EMERGENCY CONTACT- Enter name, address, telephone numbers with Area Codes and contact's relationship.
4. SECTION II CERTIFICATION OF APPLICANT- *To be completed and signed by applicant.*
 - a. CITIZENSHIP- Enter city, state and country of birth. Auxiliary members must be U.S. citizens.
 - b. FELONY CONVICTIONS- Check appropriate answer to conviction statement. A Felony conviction within the past ten (10) years makes applicant ineligible for membership in the Auxiliary. Felony convictions occurring more than ten (10) years ago may be waived by the Director of Auxiliary and applicant will be contacted for more information. Review application and data to ensure accuracy, then sign using full name and enter date.
5. SECTION III FLOTILLA CERTIFICATION AND ATTACHMENTS- *To be completed by the FC or FSO-MR.*
 - a. APPLICATION TYPE- Check whether applicant is a new member or re-enrolling. If re-enrolling provide previous member number.
 - b. CHECK-OFF LIST- Check all appropriate boxes. Note: If facility owner, submit applicable facility inspection form, Vessel (CG-2736), Radio(CG-2736A) or Aircraft(CG-2736B) with this application. If applicant possesses special training or experience, add information on a separate sheet. If applicant is willing to be trained and participate in any Auxiliary program, this information should be included.
 - c. FLOTILLA COMMANDER RECOMMENDATION- The Flotilla Commander must check appropriate box, sign and date application. If disapproval is recommended, the reason(s) must be stated on a separate sheet. If applicant is willing to be trained and participate in any Auxiliary program, this information should be included.
6. SECTION IV DIRAUX ENDORSEMENT- *To be completed by the Director of Auxiliary.*
 - a. Enter the new member number, date of enrollment and base enrollment date (MM/DD/YY). Sign and date.
 - b. If disapproved, reason(s) must be stated on a separate sheet of paper and attached to the application. A letter explaining the reason(s) for disapproval is sent to the applicant, with a copy to the Flotilla Commander.

PRIVACY ACT STATEMENT

In accordance with 5 USC 552(a)(e), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. AUTHORITY which authorized the solicitation of the information: 14 USC Sec 823.
2. PRINCIPAL PURPOSE(S) for which information is intended to be used: To establish eligibility for enrollment and a record for the individual in the Auxiliary Management Information System.
3. THE ROUTINE USES which may be made of the information: Provide identification, address and personal information to the following: (1) Directors of Auxiliary. (2) Members of the Auxiliary. (3) Coast Guard Institute. (4) NOAA.
4. WHETHER OR NOT DISCLOSURE of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.