



U.S. COAST GUARD AUXILIARY

2008 Boat Crew Qualification Program Registration Form

NAME: _____

MEMBER NUMBER: _____

FLOTILLA: _____

HOME ADDRESS : _____

**TELEPHONE
NUMBER:** _____

Home: _____

Work: _____

Cell: _____

e-MAIL ADDRESS: _____

CHECK WHERE APPROPRIATE:

____ I will participate in the crew training.

____ I will provide my own copies of the Training Manual and Qualification Guide.

____ I will require a copy of the Training Manual and Qualification Guide

____ I will provide my own USCG Auxiliary PFD/Float Coat/Survival Suit.

Please return as soon as possible through your Flotilla Commander to:

**Bruce Long
8 Oak Avenue
Delhaven, NJ 08251-3211
dcp08@comcast.net**