

U. S. COAST GUARD AUXILIARY  
**CHANGE OF MEMBERSHIP STATUS**

**SECTION I - To be completed by Flotilla Commander**

To:	LAST NAME	FIRST NAME AND MIDDLE INITIAL	MEMBER NUMBER
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As provided in the Auxiliary Manual, COMDTINST 16790.1 (Series), you will be recommended for disenrollment from the Auxiliary for non-payment of Financial Obligations for or since the year \_\_\_\_\_ amounting to \$ \_\_\_\_\_, unless the full amount is received by your Flotilla Commander within thirty (30) days from the date of this notice. You will not be eligible to remain a member of this flotilla, transfer to another flotilla or seek Retired Member status, until your financial obligations are met.

\_\_\_\_\_ Flotilla Commander \_\_\_\_\_ Date of Notice

**SECTION II - To be completed by Member**

To: FLOTILLA \_\_\_\_\_ Date: \_\_\_\_\_

An amount to pay my Financial Obligation is enclosed. I want to remain in Flotilla \_\_\_\_\_.

I desire Retired Member status. My date of enrollment is \_\_\_\_\_.

I desire to transfer to Flotilla \_\_\_\_\_ in this district. (Complete MEMBER TRANSFER REQUEST, ANSC 7056, and attach to this form.)

I desire to disenroll. \* My reason is: \_\_\_\_\_

\* My membership card is enclosed. Member signature \_\_\_\_\_

**SECTION III - To be completed by Flotilla Commander**

To: DSO-HR \_\_\_\_\_

Recommend disenrollment effective \_\_\_\_\_  
 for Non-payment of Financial Obligations.  at Member's Request.

Member desires and is eligible for Retired Member status:  Yes  No

Death of member. \_\_\_\_\_  
Name and address of next of kin: \_\_\_\_\_

\_\_\_\_\_ Flotilla Commander (Required) \_\_\_\_\_ Date \_\_\_\_\_ Division Captain (Optional) \_\_\_\_\_ Date

**SECTION IV - To be completed by DSO-HR**

To: DIRECTOR OF AUXILIARY

Recommend Disenrollment.

Member requests transfer to Flotilla \_\_\_\_\_.

Member desires and is eligible for Retired Status.

\_\_\_\_\_ DSO-HR \_\_\_\_\_ Date

**SECTION V - To be completed by Director of Auxiliary**

To: DCP, DIVISION \_\_\_\_\_ and FLOTILLA COMMANDER, FI. \_\_\_\_\_

Member was disenrolled. Effective date \_\_\_\_\_  
 Adm.  Failed to pay Financial Obligations  Death of Member  Member request

Member was transferred to Flotilla \_\_\_\_\_. Effective date \_\_\_\_\_

Member was transferred to Retired Member status. Effective date \_\_\_\_\_

Recommendation disapproved; see attached comments.

\_\_\_\_\_ Director of Auxiliary \_\_\_\_\_ Date \_\_\_\_\_

## CHANGE OF MEMBER STATUS

- A. GENERAL - This form is used to remove a member from the flotilla rolls by disenrollment, transfer or retirement.
- B. SECTION I - To be completed by the Flotilla Commander.
1. Enter member's last name.
  2. Enter member's first name and middle initial
  3. Enter member's number.
  4. Enter year and amount of any outstanding debts, if applicable.
  5. Flotilla Commander sign and date
- C. SECTION II - To be completed by member.
1. Enter the flotilla number and the date of response.
  2. The member must check the box opposite the desired response and complete any other information required.
  3. Member signature required.
- D. SECTION III - To be completed by Flotilla Commander.
1. Enter DSO-HR's district number.
  2. The flotilla commander must check the box opposite the desired response and complete any additional information required.
  3. Flotilla Commander must sign and date this response.
  4. The Division Captain's signature is optional per district policy.
- E. SECTION IV - To be completed by DSO-HR
1. The DSO-HR must check the box opposite the response desired and complete any other information required.
  2. The DSO-HR must sign and date the response.
- F. SECTION V - To be completed by the Director of Auxiliary (DIRAUX).
1. Enter the Division and Flotilla numbers on the appropriate line.
  2. The DIRAUX must check the box opposite the response desired and complete any additional information required.
  3. The DIRAUX must sign and date the response.