

MEMBER TRANSFER REQUEST

WITHIN CURRENT DISTRICT

OUTSIDE CURRENT DISTRICT

THIS FORM MUST BE ACCOMPANIED BY FORM ANSC 7028 CHANGE OF MEMBER INFORMATION

SECTION 1 - CURRENT INFORMATION

TO: FLOTILLA COMMANDER _____

MEMBER NUMBER _____

I, _____
LAST NAME FIRST NAME MIDDLE INITIAL

DESIRE TO TRANSFER TO FLOTILLA _____, DISTRICT/REGION _____,

EFFECTIVE _____
DATE

I HAVE ACCOUNTED FOR ALL AUXILIARY AND COAST GUARD PROPERTY.

MEMBER'S SIGNATURE _____

DATE _____

TO: DIRECTOR OF AUXILIARY

I RECOMMEND APPROVAL.

I DO NOT RECOMMEND APPROVAL. (My reasons are attached).

FROM: _____
CURRENT FLOTILLA COMMANDER DATE

SECTION 2 - NEW INFORMATION

TO RECEIVING DISTRICT/REGION DIRECTOR OF AUXILIARY

I have transferred the paperwork to your District/Region.

MEMBER TRANSFERRED EFFECTIVE _____
DATE

MEMBER NOT TRANSFERRED. (Reasons for denial are attached.)

DIRECTOR OF AUXILIARY _____

DISTRICT _____

DATE _____

TO: RECEIVING FLOTILLA COMMANDER

FROM: DIRECTOR OF AUXILIARY

I RECOMMEND APPROVAL.

The above listed Auxiliary member has been transferred to your flotilla.

I DO NOT RECOMMEND APPROVAL. (My reasons are attached).

SIGNATURE OF RECEIVING FLOTILLA COMMANDER _____

DATE _____

INSTRUCTIONS: DIRAUX

Within District, notify member and both FCs.

Outside District, remove member from district rolls, send personnel record to new DIRAUX.

Transfer effective when request is approved and member accepted by new DIRAUX.

MEMBER TRANSFER REQUEST

A. GENERAL - This form is for members in good standing who request transfer to another flotilla, either within or outside the present district.

B. WITHIN THIS DISTRICT / OUTSIDE THIS DISTRICT - Check the box which applies to this transfer request.

C. CURRENT INFORMATION

1. MEMBER NUMBER - Enter your 7-digit Auxiliary member number.
2. TO FLOTILLA COMMANDER - Enter your current Flotilla Commander's name.
3. NAME - Enter your last name, first name and middle initial as they appear on your Membership Card.
4. FLOTILLA - Enter the 4 digit number of the flotilla to which you wish to transfer, if known.
5. DISTRICT - Enter the 3 digit number of the district to which you wish to transfer, if known.
6. EFFECTIVE DATE - Enter the effective date of the requested transfer.
7. MEMBER'S SIGNATURE AND DATE - Enter your signature as normally written and enter the date signed.

FORWARD: Forward completed form and attachment to your present Flotilla Commander.

FLOTILLA COMMANDER - Check appropriate box, sign and date. Forward with attachments to current DIRAUX.

DIRAUX - Check appropriate box, sign and date.

- a. Within District - Notify member and both Flotilla Commanders.
- b. Outside District - Remove member from District List, send personnel jacket to new DIRAUX.
- c. Transfer is effective when approved and member is accepted by the new DIRAUX.

D. NEW INFORMATION

1. TO RECEIVING DIRECTOR OF AUXILIARY - Check the appropriate box, enter effective date.
2. MEMBER NOT TRANSFERRED - Attach reason for denial to this form and forward to previous DIRAUX.
3. SIGN AND DATE.

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), 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.
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.