

USCG AUXILIARY DISTRICT 13 New Member Enrollment Application Guide

This document is a guide for proper completion of the U.S. Coast Guard Auxiliary Enrollment Application, ANSC-7001 (4-21), and is intended for Flotilla Human Resource Staff Officers (FSO-HRs), Division Human Resource Staff Officers (SO-HRs), Flotilla Commanders (FCs), Division Commanders (DCDRs), fingerprint technicians, mentors or anyone else who may be assisting an applicant with the enrollment process. If you ever have a question regarding the enrollment process, please don't hesitate to contact the District Human Resource Staff Officer (DSO-HR) directly. No chain of leadership is required for this communication.

This guide will be updated and emailed to all HR officers and Flotilla Commanders when issues are raised and resolved so everyone will be following the same instructions.

Enrollment Application General Instructions: It is strongly recommended the ANSC 7001 be filled out on-line or with Adobe Reader for clarity and consistency. It is simple and it is clean! If filling out by hand, be sure to use blue or black ink and print legibly to avoid mistakes that could cause unnecessary delays in the application process.

Please do not use double-sided application forms. They will be rejected!

Step-by-Step Process to Complete the ANSC 7001

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7001 (5-15)	U.S. COAST GUARD AUXILIARY ENROLLMENT APPLICATION See Privacy Act Statement on page 3 and Instructions on 10 thru 16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">District</td> <td style="font-size: small;">Division</td> <td style="font-size: small;">Flotilla</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table>	District	Division	Flotilla	1	3	0	0	0	5	0	1	1
District	Division	Flotilla												
1	3	0												
0	0	5												
0	1	1												
SECTION I - PERSONAL DATA OF APPLICANT - Completed by applicant														
LAST NAME Smith	FIRST NAME George	FULL MIDDLE NAME Benton	SUFFIX Jr											
SOCIAL SECURITY NO. 123-45-6789	DATE OF BIRTH 01 02 83	GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	SPOUSE NAME Jane Smith											
MAILING ADDRESS 123 Apple Street		6-DIGIT OCCUPATION CODE 29-2052												
CITY Coos Bay		ST OR	ZIP+ 4 97420-0001											
EMAIL 1 george.smith@sample.com		EMAIL 2												
HOME (541) 555-1234	BUSINESS (541) 555-6789	CELL (541) 555-1234												
FAX	BOAT	PAGER												
Height: <u>73</u> (inches) Weight: <u>185</u> Hair Color: <u>Brown</u> Eye Color: <u>Brown</u> Blood Type (if known) <u>AB</u>														
ETHNICITY (OPTIONAL) <input checked="" type="checkbox"/> White or Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic American <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian American or Pacific Islander														
Who do you feel is responsible for recruiting you into the Auxiliary? Name <u>James Doe</u>														

Complete Section I – Personal Data of Applicant (*Completed by applicant*)

- Enter your **full** legal name and, if appropriate, suffix. If no middle name, mark “NMN”
- All applicable boxes must be checked.
- One or more phone numbers required. If a cell phone is used as the home phone number, list the cell number in the cell and home number blocks.
- Make sure height is in inches and weight is in pounds.
- If completing the on-line electronic ANSC 7001 form, use the drop-down boxes for:
 - Hair color
 - Eye color
 - Blood type
- If completing by hand, make sure to include positive or negative (+ or -) for blood type. If blood type is unknown enter “unk”.
- Ethnicity is optional.
- Ask applicant *who was responsible for them joining* and enter the name(s). More than one name can be listed. Flotilla commanders should track this information for NACO Growth Awards and Individual Recruiting Awards.

SECTION II - SKILLS BANK INPUT - Completed by applicant						
A. Check appropriate answers:						
1. Are you willing to travel outside of your home area?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> no
2. Are you willing to do CG or AUX administrative missions?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> no
B. Select days/evenings available for CG support operations.						
Days	<input checked="" type="checkbox"/> Sun.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri. <input checked="" type="checkbox"/> Sat.
Nights	<input checked="" type="checkbox"/> Sun.	<input type="checkbox"/> Mon.	<input checked="" type="checkbox"/> Tue.	<input checked="" type="checkbox"/> Wed.	<input checked="" type="checkbox"/> Thu.	<input type="checkbox"/> Fri. <input checked="" type="checkbox"/> Sat.
C. From the Skills Bank Codes (pages 12-16) enter up to five skills that you possess and are willing to offer.						
#1	<input type="text" value="31-1015"/>	#2	<input type="text" value="31-9097"/>	#3	<input type="text" value="45-3011"/>	#4 <input type="text"/>
						#5 <input type="text"/>

Complete Section II – Skills Bank Input (*Completed by applicant*)

- Must complete A, B, & C.
- Use **Skills Bank Codes** on pages 12-16 of application. Choose descriptions of expertise you could offer to Coast Guard, particularly in times of emergency.

SECTION III - EMERGENCY CONTACT INFORMATION (Someone not living with you)			
LAST NAME Brown	FIRST NAME Todd	MI L	ST OH
STREET ADDRESS 456 River Ave		CITY Cleveland	32156-9876
HOME (262) 555-1234	BUSINESS (262) 555-2314	CELL (430) 555-9128	

Fingerprint cards are no longer required

Complete Section III – Emergency Contact Information (Completed by applicant)

- Someone **NOT** living with you.
- Accurate information and phone numbers are very important.
- **Be sure to list a street address, not post office box.**

SECTION IV - FLOTILLA CERTIFICATION AND ATTACHMENTS - see instructions		
<input checked="" type="checkbox"/> New Enrollment	<input type="checkbox"/> Re-enrollment	Old Member / EMPL ID Number: <input type="text"/>
<input checked="" type="checkbox"/> New Member Exam completed	Date <u>08 09 16</u>	Score <u>96</u>
<input checked="" type="checkbox"/> Privacy Act Statement read	Boating Safety Course Certificate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Required Attachments: <input type="checkbox"/> Fingerprint cards (2) <input type="checkbox"/> Prior clearance document (see SEC X) <input checked="" type="checkbox"/> Citizenship photocopy <input checked="" type="checkbox"/> DD-214 copy (see SEC VII)		
FLOTILLA COMMANDER NAME Ralph C. Johnson	SIGNATURE <i>Ralph C. Johnson</i>	DATE 8/16/2016
NOTICE: The copy of this form submitted to DIRAUX/SECCEN MUST HAVE original signatures and dates signed in ink.		

Complete Section IV – Flotilla Certification and Attachments (Completed by FC or FSO-HR)

- If reenrolling, provide previous member ID number.
- FC or FSO-HR must check all applicable boxes and provide New Member Exam date & score (%). Submit email message with the passing grade from online exam or dated and graded New Member Exam score sheet with the application.
- Boating safety course certificate not required for membership, but for meeting Basically Qualified (BQ) status following a favorable Personnel Security Investigation (PSI). Only courses listed on page 8-6 of the [Auxiliary Manual](#) are accepted for meeting BQ status.
- Former members of the Armed Forces (Active/Reserve) are required to submit a copy of the long or undeleted version of their DD-214 (Copy 4) that includes the Reentry Code in the Special Additional Information section at the bottom of the form. A Reentry Code of 4 (RE-4) means no entry.
Note: Former commissioned officers do not receive a Reentry Code. If an applicant is a former commissioned officer, attach a page to the DD-214 explaining the reason for the lack of a Reentry Code.

SECTION V - APPLICANT INTERVIEW RECORD - Completed by interviewer

INTERVIEWER CHECKS OFF EACH ITEM AS DISCUSSED.

- What is The Auxiliary? - Persons interested in actively supporting the civilian component of the U.S. Coast Guard. Not a yacht club. A service organization composed of volunteers with emphasis on active support of many Coast Guard missions.
- What Members Can Expect From The Auxiliary - Training, new skills, fellowship, public service. A sense of pride from assisting others.
- What The Auxiliary Expects From Members - Dedication, fellowship, public service, professional conduct and participation.
- Importance of Professional Conduct in All Activities - Review general Coast Guard Auxiliary uniform and appearance policies, including tattooing, body marking and body piercing policies. Direct reflection on the Coast Guard and the Auxiliary. Need for sustaining quality programs and missions. Official Coast Guard/Auxiliary orders. Member training with emphasis on professionalism. Intolerance of sexual discrimination and harassment.
- Every Member is Expected to Participate in Some Program - Examples: patrols, public education, training, recruiting, public affairs, service as elected or staff officer and attendance at flotilla meetings.
- Training And Qualifications Opportunities Are Provided To Help Participation In Auxiliary Programs - Vessel examiners, air and surface operations, Auxiliary speciality courses, radio operator, public affairs, watchstander, instructor, maritime environmental patrols, navigational aids verifier, member services, interpreter, AUXCHEF.
- Personal Costs Involved - Dues, uniforms, other costs. (e.g., mileage and equipment)
- Your Contribution to The Auxiliary - Special/professional skills, time, support of programs, involvement and fellowship.
- Personnel Security Investigation - Unfavorable PSI may result in disenrollment. See PSI Notice on page 3.

Complete Section V – Applicant Interview Record (Completed by interviewer)

- Ideally, the interviewer would be the FC and FSO-HR but could be whoever is assisting the applicant with the enrollment packet. This section is to ensure the applicant understands the opportunities and obligations of the Auxiliary.
- This is a great opportunity to also talk about being in AP, Core Training Requirements, mentorship and setting expectations so the new member and flotilla are in agreement.

SECTION VI - PARENT/GUARDIAN SIGNATURE if Applicant is a Minor

I/We certify that this applicant has no other legal guardian other than me/us and I/we consent to his/her membership in the United States Coast Guard Auxiliary.

PARENT/GUARDIAN SIGNATURE

DATE

Complete Section VI – Parent/Guardian Signature if Applicant is a Minor

- Applicants who are 17 must have at least one parent or guardian complete this section.
- Ideally, it makes sense to have the parent or guardian present during the enrollment process and that their concerns and questions are also addressed.

SECTION VII - APPLICANT STATEMENT AND SIGNATURE - Completed by applicant	
<p>1. Are you currently serving as a member of the U.S. Armed Forces? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, indicate branch: USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> USCG <input type="checkbox"/> If yes, indicate status: Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Air National Guard <input type="checkbox"/> .</p> <p>2. Have you ever served as a member of the U.S. Armed Forces in the past? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, indicate branch: USA <input checked="" type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> USCG <input type="checkbox"/> You must attach to this application a copy of your DD-214 (Certificate of Release or Discharge from Active Duty) which shows the entry in the "Reenlistment Code" block.</p> <p>3. Have you ever been convicted of a violation of any law of the United States, any State, possession or territory, the District of Columbia, or the Commonwealth of Puerto Rico classified as a major misdemeanor or a felony? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, you must attach to this application a statement of specifics including date, city and State offense occurred, disposition, and any comments including mitigating circumstances, along with a copy of your court documents.</p> <p>4. Do you have a pending or unresolved criminal court action or judicial proceeding? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, you must attach to this application a statement of specifics including effective date, city and State offense occurred, along with a copy of your court documents.</p> <p>5. Are you under criminal restraint, serving a sentence, on parole, probation, or other civil restraint? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, you must attach to this application a statement of specifics including effective date, city and State offense occurred, along with a copy of your court documents.</p> <p>6. I affirm under the penalties of perjury as to the truth of all the statements contained in this application and authorize verification for the official use of the U.S. Coast Guard and U.S. Coast Guard Auxiliary. I understand that any false statement contained herein is grounds for my disenrollment from the U.S. Coast Guard Auxiliary. I PLEDGE TO SUPPORT THE U.S. COAST GUARD AUXILIARY AND ITS PURPOSES, AND TO ABIDE BY THE GOVERNING POLICIES ESTABLISHED BY THE COMMANDANT OF THE U.S. COAST GUARD.</p>	
APPLICANT SIGNATURE <i>George Benton Smith, Jr</i>	DATE <i>8/16/2016</i>

Complete Section VII – Applicant Statement and Signature (Completed by applicant)

- Applicant **MUST** answer questions 1 through 5 and provide all required documentation — **NO EXCEPTIONS!**
- The DD-214 must show a Re-Entry code (RE-4 means No Re-Entry).
- If the answer is “Yes” to questions 3, 4 or 5, attach to this application a statement of specifics including date and city and state in which the offense occurred, its disposition and any comments, including mitigating circumstances, along with a copy of the court documents. **The applicant may submit the statement and documents in a sealed envelope and labeled “For DIRAUX’s eyes only.”**
- Double check accuracy of information provided through the entire form as Applicant’s signature attests to the acknowledgment of such, not just Section VII.
- Applicant’s signature (first, middle, last, suffix) must match the name on page 1 of the application.

SECTION VIII - DIRECTOR OF AUXILIARY (DIRAUX) ENDORSEMENT		
MEMBER NUMBER	DATE OF ENROLLMENT	BASE ENROLLMENT DATE
APPLICANT IS ACCEPTED	DIRAUX SIGNATURE	DATE
<input type="checkbox"/> Director of Auxiliary waiver letter attached, if applicable - see SEC VII. Note: If applicant is not accepted, explain in detail on a separate sheet of paper and attach		
NOTICE: The copy of this form submitted to DIRAUX/SECEN MUST HAVE original signatures and dates signed in ink.		

DO NOT WRITE in Section VIII – DIRAUX Endorsement

ANSC-7001 (5-15) Page 3 of 16 ENROLLMENT APPLICATION			
SECTION IX - VERIFICATION OF U.S. CITIZENSHIP - See instructions			
SECTION A - To be filled out by applicant: I attest that I am (Check one of the following) <input checked="" type="checkbox"/> A U.S. citizen or national by birth in the U.S. or U.S. territory/possession <input type="checkbox"/> A U.S. citizen, but was not born in the U.S.			
SECTION B - To be completed by an <input checked="" type="checkbox"/> Auxiliary Fingerprint Technician (FT) or <input type="checkbox"/> Citizenship Verifier (CV) or by a <input type="checkbox"/> Law Enforcement (LE) Officer. <i>Indicate by checking appropriate box. Photocopy required- see Section IV.</i>			
<input checked="" type="checkbox"/> Birth Certificate showing that you were born in the United States of America <input type="checkbox"/> FS-240 (Report of Birth Abroad of a Citizen of the United States) Month/Day/Year _____ Explanation _____ <input type="checkbox"/> FS-545 (Certificate of Birth-Foreign Service) <input type="checkbox"/> DS-1350 (Certificate of Birth issued by U.S. Department of State) <input type="checkbox"/> A United States Passport (current or expired) or United States Passport Card (current or expired) Passport/Passport Card Number _____ Month/Day/Year Issued _____ <input type="checkbox"/> A Certificate of U.S. Citizenship (INS Form N-560 or N-561) Where Issued? City _____ State _____ Certificate # _____ Month/Day/Year _____ <input type="checkbox"/> A Certificate of Naturalization (INS Form N-550 or N-570) Where Naturalized? Court _____ City _____ State _____ Certificate # _____ Month/Day/Year _____			
AUXILIARY FT/CV NAME Charles W. Webster	EMPLID 9876543	SIGNATURE <i>Charles W Webster</i>	DATE 8/16/2016
LAW ENFORCEMENT OFFICER NAME	AGENCY & ID #	SIGNATURE	DATE

Complete Section IX – USCG Auxiliary/SECCEN Verification of U.S. Citizenship

- Section A: (Completed by applicant) Applicant MUST check one of the two boxes.
- Section B (Completed by Auxiliary FP technician, citizenship verifier or law enforcement officer). Applicant to present original and one (1) photocopy of the document used to verify citizenship. Return the original to the applicant and attach the photocopy to the enrollment application.
- If using a passport for verification, please provide ONLY the first two pages (photo and Information pages) of the document. Provide both sides of a passport ID card.
- Individuals who hold dual citizenship with the U.S. and another country may become members of the Auxiliary

SECTION X - PRIOR/CURRENT CLEARANCE DETAILS - Completed by applicant - See instructions
I have <input type="checkbox"/> have not <input type="checkbox"/> been issued a security clearance by a federal agency within the past ten (10) years. If yes, SEE INSTRUCTIONS and complete pages 6, 8 & 9.

Section X no longer required - Do not check

ANSC-7001 (5-15) Page 4 of 16		ENROLLMENT APPLICATION	
OFF FORM 86C September 2001		SPECIAL AGREEMENT CHECK (SAC)	
United States Coast Guard - DHS Agreement :		OPM USE ONLY	OPM Code
Number 1-2004		Case Number	
AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)			
1. SUBJECT'S FULL NAME		2. DATE OF BIRTH	
Last Name	First Name	Middle Name (Suffix)	Month Day Year
Smith Jr	George	Benton	01 02 83
3. PLACE OF BIRTH (Use the two letter code for the State)		4. SOCIAL SECURITY NUMBER	
City	County	State	Country
Cleveland	Cuyahoga	OH	USA
5. OTHER NAMES USED AND DATES WHEN USED			
Name	From Month Year	To Month Year	Name
N/A	N/A	N/A	N/A
Name	From Month Year	To Month Year	Name
N/A	N/A	N/A	N/A
6. SEX (Mark one box)	7. SPECIAL AGREEMENT CODES		8. POSITION TITLE
<input type="checkbox"/> Female			
<input checked="" type="checkbox"/> Male			
9. SON	10. SGT	11. IPAC-ALC Number	
H S I O	H S I O		
12. Accounting Data			
13. OTHER INFORMATION REQUIRED BY AGREEMENT			
<input checked="" type="checkbox"/> CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.			
<input checked="" type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. ——— Answer items b and d.			
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. ——— Answer items b, c, and d.			
Not Applicable			
(Code N) Bureau of Vital Statistics <input type="checkbox"/> Complete all blocks as required.			
Mother's Full Name		Mother's Maiden Name	Father's Full Name
b. Mary Elizabeth Smith		Mary Elizabeth Chambers	George Benton Smith, Sr
(Code I) Complete additional information needed for the INS check. All questions in item 13 (i-e) must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter None or N/A).			
c. UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.			
Naturalization Certificate (Where were you naturalized?)			
Court	City	State	Certificate Number
			Month/Day/Year Issued
Citizenship Certificate (Where was the certificate issued?)			
City	State	Certificate Number	Month/Day/Year Issued
State Department Form 340 Report of Birth Abroad of a Citizen of the United States			
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation	
U.S. Passport			
This may be either a current or previous U.S. Passport	Passport Number		Month/Day/Year Issued
d. DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.			Country
			N/A
Not Applicable			
14. Name and Title of Requesting Official		Signature of Requesting Official	Telephone Number
			()
			Date

ANS-7001 (5-15) Page 5 of 16		ENROLLMENT APPLICATION		
Standard Form 85 Revised December 2013 U.S. Office of Personnel Management 5 CFR Parts 731 and 738		Form Approved OMB No. 3208-0261		
<p>QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION</p> <p>Carefully read this authorization to release information about you, then sign and date it in ink.</p> <p>I Authorize any investigator, special agent, or other duly accredited representative of the _____ Federal agency conducting my background investigation or release information to obtain any information from _____ individuals, schools, residential mortgages, criminal justice agencies, colleges, or other _____ information.</p> <p>My signature is valid for two (2) years from the date signed.</p>				
Signature (Sign in ink) <i>George Benton Smith, Jr</i>	Full name (Type or print legibly) George Benton Smith Jr		Date signed (mm/dd/yyyy) 8/16/2016	
Other names used N/A		Social Security Number 123-45-6789		
Current street address Apt. # 123 Apple Street	City (Country) Coos Bay	State OR	ZIP Code 97420-0001	Home telephone number (541) 555-1234

Complete Page 5 - Authorization for Release of Information (Completed by Applicant)

- Applicant's full name and signature (first, middle, last, suffix) must match the name on Section I of the application.

All Submitted Enrollment Applications must include:

- **One (1) District 130 New Member Application Check List**
- **One (1) ANSC 7001**, U.S. Coast Guard Auxiliary Enrollment Application (4-21).
- **One (1) copy of applicant's birth certificate or passport.** If using a passport page, please ensure the date of issue and passport number are also listed on Page 3 of the 7001.
- **One (1) dated and graded New Member Exam Answer Sheet.** The online exam is preferred.
- **One (1) copy of DD Form 214, Certificate of Release or Discharge from Active Duty**, if the applicant served in the Armed Forces.
- **One (1) copy of the applicant's boater safety certificate/card** (if applicable).
- **One (1) Request for Auxiliary ID Card form**, signed by the applicant.
- **One (1) photograph in JPEG format** meeting the requirements for ID cards listed on page 5-75 of the Auxiliary Manual. Photographs should be emailed to DIRAUX with ID card request form or included in application package if on CD. Include the name of the applicant and flotilla number on photo or CD.
- **One (1) check for initial membership dues (Do not forward to DSO-HR).** The payment **SHALL** be immediately processed like any other dues payment by an Auxiliarist in the flotilla.

Note: All pages of the application package must be printed single-sided. Double-sided forms will be rejected.

All signatures must be ORIGINAL and in BLUE OR BLACK ink

Application packets are only valid for 90 days from the date of signature. DO NOT SIGN & DATE applications until they are ready to be mailed.

- Page 1: FC signature.
- Page 2: Applicant's signature, and if applicable, Parent or Guardian signature.
- Page 3: Fingerprint technician or Authorized Auxiliary Officer / Representative's signature.
- Page 5: Applicant's signature.

Submission Process

- The FC mails the entire package to the DSO-HR by priority mail with tracking number.
- The DSO-HR conducts a thorough review of the application package.
 - If all is in order, the FC, FSO-HR and SO-HR will be notified that the package has been mailed to the DIRAUX.
 - If there are any issues, the FC, FSO-HR and SO-HR will be sent an email identifying the corrective action. If it is minor, such as a forgotten page from the enrollment package, it will be held by the DSO-HR until the missing item has been received. If there are significant errors in the package, it will be returned to the FC for correction and resubmission.
- Prior to mailing the Enrollment Package to DIRAUX, it will be copied or scanned and filed in the flotilla's folder and logged in the DSO-HR tickler file.
- When DIRAUX determines that an individual meets the eligibility requirements for Auxiliary membership, a letter will be sent to the new member, and the FC, FSO-HR, SO-HR and DSO-HR will be notified via email.

Mail New Member Application Package to:

Carol Bobo, DSO-HR
20076 S Fischers Mill Rd
Oregon City, OR 97045-9667