



**Canadian Coast Guard Auxiliary
Central and Arctic
Candidate Summary Sheet**

Facility # _____
Date Enrolled _____
Owner # _____

*To be completed by the individual candidate.
The under- mentioned person makes an application to join the Coast Guard Auxiliary (C&A)*

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Surname: _____	First name: _____
Email: _____		
Occupation _____	Canadian Citizen or Landed Immigrant <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth date ___ ___ / ___ ___ / ___ ___ Month Day Year
Address (including Postal code) _____		Phone number Home: _____ Work: _____
Basis of membership <input type="checkbox"/> Owner of vessel Name of vessel _____ License or registration # of vessel _____ <input type="checkbox"/> Crew on an vessel Name of vessel _____ <input type="checkbox"/> Other (ex BSS) Identify the role _____		
Qualifications. A. Memberships in any boating organizations (CPS / CYA / COF / Red Cross / St John Yacht Club etc)		
Qualifications. B. Describe any nautical experience (fire fighting / police / armed services.)		
Qualifications C Does the applicant have a Marine Radio Operators Restricted (VHF) License <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> DSC endorsement Does the applicant hold a Pleasure Craft Operator Card (PCOC) <input type="checkbox"/> No <input type="checkbox"/> Yes List courses attended and attached copies of certificates and licenses		
Qualifications D List professional or trade qualifications		
Qualifications. E. List any physical or health disabilities.		
<p><i>I solemnly state the foregoing to be true and I understand any misrepresentation may result in immediate annulment of my membership in the Auxiliary. If accepted into the membership of the Auxiliary, I agree as a condition thereto, that I will abide by the rules, regulations and bylaws of the Auxiliary, and in particular and without limiting the generality of the foregoing.</i></p> <p>I agree to waive any and all rights of salvage of life or property to which I or my vessel might otherwise be entitled, resulting from an authorized activity as defined within the Members Manual.</p>		
_____ Signature of Applicant		_____ Date
Authorization of unit leader. I verify this applicant is a regular serving member of my crew ___ or group ___ Signature of unit leader _____ Date _____		
***** CCGA Use Only below this line *****		
Details verified A. _____ B. _____ C. _____ D. _____ E. _____ Examiner _____		
Applicant accepted _____ or declined _____		
Reason _____		
Basis of membership <input type="checkbox"/> Facility owner <input type="checkbox"/> Crew person <input type="checkbox"/> Other _____ Membership # _____		
District Director approval Signature _____ Date _____		
Unit assigned to Name _____ Unit # _____		