

Canadian Coast Guard Auxiliary - Pacific  
**MEMBERSHIP FORM**



**NEW**     **JUNIOR**     **RENEWAL**     **ASSOCIATE**    **UNIT #:** \_\_\_\_\_

<b>LAST NAME:</b> _____		<b>Title (Ms/Mr/Miss/Dr):</b> _____	
<b>FIRST NAME:</b> _____	<b>Initials:</b> _____	<b>Date Of Birth (dd-mmm-yy):</b> _____	

<b>Mailing Address:</b> _____			
<b>City/Town:</b> _____	<b>BC</b>	<b>Postal Code:</b> _____	
<b>Email Address :</b> _____			

<b>Residence:</b> ( ) -	<b>Business:</b> ( ) -	<b>Ext.:</b> _____
<b>Cellular:</b> ( ) -	<b>Pager:</b> ( ) -	<b>Fax:</b> ( ) -

**In Case Of Personal Emergency Contact:**

<b>Name:</b> _____	<b>Relationship:</b> _____	<b>Phone:</b> ( ) - _____
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**TYPE OF MEMBERSHIP:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **RETIRED**

List any marine associations, fisherman's or radio associations to which you belong:  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Qualifications</u> - (do not include expired certificates)	<u>DATE</u> (dd-mmm-yyyy) <i>Valid Training only</i>	<u>Course Provider</u>
PLEASURE CRAFT OPERATOR CARD		
RESTRICTED RADIO OPERATOR CERT		
STANDARD FIRST AID		
C.P.R.		
R.H.I.O.T.		
CREW LEVEL I		
CREW LEVEL II		
FIRST AID INSTRUCTOR		

I hereby swear that the information above is true and realise that any false information might affect my membership in the Canadian Coast Guard Auxiliary (P) Inc. If accepted for membership in the Auxiliary, I agree, as a condition of enrolment that I will abide by the rules, regulations, and by-laws of the Auxiliary. I agree to waive any and all rights of salvage of property to which I or my vessel might otherwise be entitled as a result of a CCGA (P) Inc. authorised activity as defined by the operational guidelines. I am not aware of any conditions or impairment that may render me unfit for S.A.R. duties.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Unit Leader:** \_\_\_\_\_  
 I hereby certify that I have confirmed that there is documented proof for all of the qualifications claimed by the applicant on this application form.

**Zone Director:** \_\_\_\_\_

<b>I.D. #:</b> _____
<i>Issued by the Office</i>
<b>I.D. Card Issued:</b> _____