



16794
07 Nov 2007

Seventeenth Coast Guard District Auxiliary Policy Directive 08

Subj: MEMBER DISENROLLMENT AND TRANSFER PROCEDURES

Ref: (a) Coast Guard Auxiliary Manual, COMDTINST M16790.1 (series)

1. **PURPOSE.** The goal of this document is to provide procedures to complete proper disenrollment and transfers of D17 Auxiliary members.
2. **DIRECTIVES AFFECTED.** None.
3. **DISCUSSION.** Reasons for disenrollments are: Member's Request, Non-payment of Financial Obligation, Administrative, Death of a Member, and Retirement. Member Transfer information is also discussed in this Directive.
 - a. **Disenrollment.** The authority for disenrolling a member rests with the Commandant who has delegated this authority to the District Director of Auxiliary (DIRAUX). Disenrollment requests must be received at the DIRAUX office by December 1 of each year in order to prevent the member's disenrollment from being postponed into the following year, making the Flotilla responsible for the member's dues for an additional year. The member must be electronically disenrolled from the AuxData system by DIRAUX staff. While inactivity is not an authorized reason for disenrollment, every effort should be made to encourage members to remain active in Auxiliary programs.
 - 1.) **Member's request.** Effort should be made to ensure that a member's request for resignation is a last resort action.
 - (a) **Member action.** If a member decides to discontinue their membership with the Coast Guard Auxiliary, the member should complete a Change of Membership Status form (ANCSC 7035), Enclosure (1). The member shall attach their identification card to the form and make arrangements with their Flotilla Commander (FC) to return any Coast Guard Auxiliary equipment or property they may have.
 - (b) **FC action.** Every member joined for a reason. FC's should determine through personal contact why that reason no longer exists and if there might be some other interest that would keep the individual as a productive member. If the FC cannot obtain a response from the member, then they must indicate the attempts they made to establish contact and include this information with the disenrollment

recommendation. The FC will endorse the form and forward it to the DSO-PS. This may be forwarded electronically to provide timely processing.

- (c) DSO-PS. The DSO-PS shall verify completeness of the disenrollment request/package, endorse the form and forward the request/package to DIRAUX office for action.
- (d) DIRAUX. The DIRAUX office will acknowledge the completion of the disenrollment process by letter to the disenrolling member that will include an open invitation to return to full membership status should the individual wish to re-enroll at a later date. The member will also receive information about the opportunity to become an Associate Support Member of the Coast Guard Auxiliary Association, Inc., a non-profit organization that provides financial support to America's Volunteer Lifesavers.

2.) **Non-payment of Financial Obligations (dues)**.

- (a) Every reasonable effort must be made by the FC and/or FSO-FN to collect financial obligations incurred by a member in the course of their normal Auxiliary membership. Timely payment of financial obligations is expected of every member.
- (b) Per District timelines,
 - Membership dues are payable to the FSO-FN, no later than October 1.
 - The FC or FSO-FN shall send a certified letter, by November 1, to members that have not submitted their dues payment.
 - Change of Membership Status forms for disenrollment are due to DIRUAX (via DSO-PS), no later than December 1.
- (c) The Change of Membership Status form should be used as a final effort to notify members that dues are payable. After proper notification and attempted personal contact by the FC, FSO-FN or someone designated by the FC to inform members not meeting their financial obligations that they are eligible for disenrollment, the FC will complete the Change of Membership Status form and forward it to the DIRAUX office via the DCP and DSO-PS. Copies of any correspondence or emails used to notify the member shall be attached to the Change of Membership Status form.

- 3.) **Administrative**. Administrative disenrollment may be appropriate when an Auxiliarist violates the policies and procedures that govern the Coast Guard Auxiliary established by the Commandant and for conduct unbecoming of an Auxiliarist. Only when all other reasonable attempts to correct the inappropriate behavior have failed shall disenrollment be considered. Unfavorable results from the Security Center background investigations, may also be categorized as Administrative disenrollments for Applicants.

4.) **Death of a member.**

- (a) The FC shall notify the DIRAUX when a Flotilla member passes away. The DIRAUX will notify the District Commander, DCO, RCO, DCP and others as appropriate. Deaths should be immediately reported along with a name and address of the member's next-of-kin (if known). FC's should follow initial notification to DIRAUX with information pertaining to funeral or memorial services that may be open to friends of the deceased; and ensure this information is passed to the rest of the Flotilla.

5.) **Retirement.**

- (a) Auxiliary members with 15 or more years of volunteer service are eligible for retirement. Retirement is at **member's request** and must be requested by using the Change of Membership Status form (refer to Para 3.a.1). Retirement status is designed to recognize the continuous significant contributions of those Auxiliarists who no longer desire or are unable to participate in the authorized activities.
- (b) The DIRAUX and FC will ensure the retiring member is recognized with a suitable certificate to be presented at an appropriate ceremony.

b. **Transfers.**

- (a) The Auxiliary Manual outlines required actions to transfer members between Districts and locally between Flotillas. A Member Transfer Request form (ANSC-7056), Enclosure (2) and a Change of Member Information form (ANSC 7028), Enclosure (3), shall be completed by the transferring member and submitted to their FC. Communication between the current FC and the FC receiving the transferring member is highly recommended before the transfer is completed by the DIRAUX.

4. **ACTION.** Flotilla Commanders, FSO-PSs and the DSO-PS, shall ensure all members are aware of these procedures and have access to this Directive. This Directive is viewable on the D17 Auxiliary web page.

5. **RESPONSIBILITY.** The Director, in conjunction with the District Board, will make changes to this addendum as required.

S. J. Albright

S. J. ALBRIGHT
Lieutenant Commander, United States Coast Guard
Director of Auxiliary
Seventeenth Coast Guard District

Enclosures: (1) Change of Member Status form
(2) Member Transfer Request form
(3) Change of Member Information form

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 _____

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-PS _____

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-PS

To: DIRECTOR OF AUXILIARY

Recommend Disenrollment.

Member requests transfer to Flotilla _____.

Member desires and is eligible for Retired Status.

_____ DSO-PS _____ 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-PS'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-PS
1. The DSO-PS must check the box opposite the response desired and complete any other information required.
 2. The DSO-PS 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.

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

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MEMBER NUMBER

TO: FLOTILLA COMMANDER _____

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.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD ANSC 7028 (2-05)	U.S. COAST GUARD AUXILIARY CHANGE OF MEMBER INFORMATION	Division ___ Flotilla ___
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SECTION I - PRESENT MEMBER INFORMATION - Always complete next line

MEMBER ID	LAST NAME, FIRST NAME MIDDLE INITIAL SUFFIX
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SECTION II - CHANGE INFORMATION - Enter ONLY information to be changed in this section

LAST NAME	FIRST NAME	MIDDLE IN.	SUFFIX
SPOUSE NAME			
STREET ADDRESS			
CITY		STATE	ZIP
EMAIL 1		EMAIL 2	
HOME		BUSINESS	
FAX		BOAT	
		CELL	
		PAGER	
MAIL LIST	NATIONAL <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	DISTRICT <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	DIVISION <input type="checkbox"/> ADD <input type="checkbox"/> DELETE
FLOTILLA <input type="checkbox"/> ADD <input type="checkbox"/> DELETE			

SECTION III - EMERGENCY CONTACT INFORMATION - Enter ONLY information to be changed in this section

LAST NAME, FIRST NAME MIDDLE INITIAL SUFFIX	RELATIONSHIP
STREET ADDRESS	
CITY	
STATE	ZIP
HOME	
BUSINESS	
CELL	

SECTION IV - PATRIOT READINESS INPUT

A. Check appropriate answer to the four questions below:

1. Are you willing to travel outside of your home area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you physically capable to do the duties which you are qualified and registered to perform?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to do CG or AUX administrative missions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a current laminated ID card?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Select days/evenings available for CG support operations.

Days	<input type="checkbox"/> Sun.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.
Nights	<input type="checkbox"/> Sun.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.

C. From the occupation codes, enter up to five skills that you have acquired and possess

#1		#2		#3		#4		#5	
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Date submitted		_____ Submitting Member Signature
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Previous editions are obsolete

A. GENERAL

1. This form is used to enter permanent changes to a member's personal information on record with the U.S. Coast Guard Auxiliary.
2. **DIVISION-FLOTILLA** - Enter your two digit division and two digit flotilla number.

B. SECTION I - PRESENT MEMBER INFORMATION

1. **PRESENT MEMBER INFORMATION**-*This line must always be completed.* Enter your seven digit line member number and name **exactly** as it appears in the Quarterly Roster or Annual Member Summary and Status Report.

C. SECTION II - CHANGE INFORMATION

ONLY FILL IN THE INFORMATION REQUIRING CHANGES IN THE FOLLOWING BLOCKS. If the information is not to be changed, leave the block or box blank; If information is to be deleted, write "delete" in the appropriate box.

1. **LAST NAME**-If JR., SR. or numerals are used, do not include them in this block - see #4 below.
2. **FIRST NAME**-Enter normal as written, (Jo Ann, Maryann, etc.).
3. **MIDDLE INITIAL**-Enter single character.
4. **SUFFIX**-If JR., SR., or numerals are used, include here.
5. **SPOUSE'S NAME**-Use spouse's given name, no nicknames. If not applicable, enter N/A.
6. **STREET ADDRESS 1**-Enter *new* street or P.O. Box address.
7. **STREET ADDRESS 2**-Enter *new* 2nd street address.
8. **CITY**-Enter *new* city where street or P.O. Box is located. Enter the country after city if the residence is outside the United States.
9. **STATE**-Enter *new* official two-letter postal designation. If residence is outside the United States-leave blank.
10. **ZIP**-Enter *new* five number ZIP code, plus ZIP+4, if known (63128-1903).
11. **TELECOMMUNICATIONS**-Enter any *new* telephone numbers and E-mail addresses or "delete" to remove.
12. **MAIL LIST**-Check the appropriate box to *change* whether to Add/Delete mail from the indicated Auxiliary level.

D. SECTION III - EMERGENCY CONTACT INFORMATION

1. **EMERGENCY CONTACT** - Enter new name, address, telephone numbers with area code and relationship of person to be contacted.

E. SECTION IV - PATRIOT READINESS INPUT

1. Answer questions in A.
2. Select days/evenings you are available for CG support operations in B.
3. Enter up to five skills that you have acquired and possess from the occupation codes in the box below.

DATE AND SIGNATURE - Enter date submitted and sign as normally written.

16 Administrative Specialization	23 Info & Message Distribution	92 Packaging & Materials Handling
34 Amusement & Recreational Service	11 Law & Jurisprudence	84 Paint, Plaster, Waterproof, Cement Related
96 Amusement, Recreation, Movie, Radio, TV	04 Life Sciences	74 Painting, Decorating
41 Animal Farming	32 Lodging & Rel Service	64 Paperworking
36 Apparel & Furnishings Service	63 Machinery Repairers	40 Plant Farming
01 Architect, Engineer, Surveyor	67 Machining Stone, Clay, Glass & Rel Prod	65 Printing
14 Art	18 Managers & Officials	55 Processing Chemicals & Related Prod
72 Assembly, Repair Electrical Equipment	02 Math & Physical Science	52 Processing Food Tobacco & Rel Prod
33 Barbering Cosmetology & Rel Service	62 Mechanics	54 Processing Fuel & Related Products
38 Building & Rel Service	07 Medicine & Health	58 Processing Leather Textiles & Rel Prod
21 Cler & Sales Computing & Accounts	60 Metal Machining	59 Processing Other
03 Computer Related	50 Metal Processing	53 Processing Paper & Related Products
30 Domestic Service	61 Metal Working - Other	57 Processing Stone, Glass, Clay & Rel Prod
09 Education	93 Mineral Extraction	56 Processing Wood & Wood Products
82 Electrical Assembly Install & Repair	42 Misc Agricultural	22 Prod And Stock Clerks
15 Entertainment & Recreation	24 Misc Clerical	37 Protective Service
85 Excavating, Grading, Paving Related	35 Misc Personal Service	12 Religion & Theology
70 Fabricating - Assembly, Repair Metal Products	19 Misc Prof & Tech Mgrs	9998 Retired
73 Fabricating/Repair Assorted Material Products	29 Misc Sales	26 Sales - Consumable Commodities
75 Fabricating/Repair-Synthetics & Rel Prod	90 Motor Freight	27 Sales - Other Commodities
77 Fabricating/Repair-Sand, Stone, Clay, Glass Prod	10 Museum, Library, Archival Sciences	25 Sales - Services
71 Fabricating/Repair Sci, Med, Photo, Opt Rel Prod	51 Ore Refining & Foundry	05 Social Sciences
78 Fabricating/Repair Textile, Leather Rel Prod	79 Other Benchwork	20 Steno, Typing, Filing And Reitd
76 Fabrication Repair Wood Products	86 Other Construction	68 Textiles
44 Fishery	69 Other Machine Trades	95 Utility Production Or Distribution
31 Food/Beverage Prep & Service	9999 Other Or Undefined	81 Welders, Cutter & Related Structural
45 Forestry	89 Other Structural	66 Wood Machining
97 Graphic Artwork	80 Other Structural Metal Fabricating	13 Writing
46 Hunting Trapping & Related	91 Other Transportation	

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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 Information Management 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.