



Coast Guard Mutual Assistance Board of Control Membership Application

Board Position: _____

Rank/Name*: _____

Year Enlisted/Commissioned: _____

Home Address: _____

E-mail Address: _____ Daytime Phone: _____

* If applying for the Enlisted Person's Spouse position or Commissioned Officer's Spouse position, please enter your own name followed by your spouse's name and rank.

Assignment History, beginning with current assignment:
(Spouses, please enter Coast Guard locations where you accompanied your spouse)

Unit/Location	Position	Time Period (Month/Year)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Value I will bring to the Board of Control (Please limit to 1-2 brief paragraphs):