

## **GUIDIANCE ON FILLING OUT NEW MEMBER ENROLLMENT APPLICATION/OS PACKAGES**

1. First Page of the Enrollment Application, please fill out highlighted Sections I through IV.

**\*\*Upper right hand corner, write in District, Division, and Flotilla.\*\***

**\*\*Please make sure the Enrollment Application Pages are Single-Sided per SECCEN.\*\***

**\*\*Also make sure Flotilla Commander's Print and Sign Name, and Date on the First Page of the Enrollment Application.\*\***

2. Page 2 of 8 - Check Section V, Section VI (is optional), Section VII check (I have or have not) and needs Applicant Signature and Date.

3. Page 3 of 8 –Section IV Section A – Check One, Section B – Check one or more that is required from the enrollee

**\*\*Authorized Auxiliary Officer/Representative Name – Print Name, Sign, Date\*\***

Section X – if required to be completed by the member

**\*\*Please provide a clear photo copy of Birth Certificate, Naturalization Certificate, Birth –Foreign Service, Certificate of US Citizenship, or Passport.\*\***

**\*\*\*If you had been Adopted, Name Change (Different than Birth Certificate) (This does NOT include providing Marriage Certificate), and/or providing documents if you were born overseas, stating you are a US Citizen, because your parents are US Citizens.**

Example: Both or One Parent(s) were in the U.S. Military Overseas/or US citizens, and you were born in Australia, then this makes you a US Citizen.**\*\*\***

4. Page 4 of 8 - Special Agreement Check (SAC) Fill out sections 1 – 13b.  
ONLY

5. Page 5 of 8 – United States of America Authorization For Release of Information

**\*\*Please fill out ALL Blocks below: Signature, Print Full Name, Date Signed, Other Names Used, Social Security Number, Current Address (Street, City), State, Zip, and Home Telephone Number.\*\***

6. Enrollment Application – Please DO NOT provide extra copies of this original document. Provide ONLY Original Pages Front Page of Enrollment Application, 2 of 8, 3 of 8 (Copy of Birth/Naturalization Certificate, Passport, etc...), 4 of 8, and 5 of 8.

7. Fingerprint Cards (2)

- a. Name block – Fill out Last NAME, First Name, Middle name
- b. Signature of Person Fingerprinted
- c. Residence of Person Fingerprinted – address, city, state, and zip code
- d. Date and Signature of Person Taking Fingerprint Card
- e. Employer Address: Director of Auxiliary

Eighth District Eastern Region  
600 Dr. Martin Luther King, Jr. Place  
Suite 360A  
Louisville, Kentucky 40202

f. Reason Fingerprinted (You write, type, or stamp in this phrase) FOR LAW ENFORCEMENT PURPOSE.

g. Date of Birth DOB: Month Day Yr  
01 12 2005

h. Please fill out the following: Citizenship, Sex, Race, HGT, WGT, Eyes, Hair, Place of Birth (City and State), and Social Security Number

i. Lastly, Fingerprints from Right Hand and Left Hand Fingers