



ID CARD FORM

ALL INFORMATION IS REQUIRED
TO CREATE YOUR CARD

Please insert information on each line
See your FSO- HR for Assistance

1. Status (Check One): NEW MEMBER ACTIVE LIFE HONORARY COMMODORE

2. Name (First, MI, Last, Suffix): _____

3. Member ID Number: _____ Flotilla Number: _____
(New Member (EMPLID 7 Digits) (082-xx-xx)
Applicants Leave Blank)

4. Qualification Status (Check One): New Member IQ BQ AX

5. Date of Birth (DD/MMM/YYYY): _____

6. Weight (lbs): _____

7. Height (inches): _____

8. Hair Color: _____

9. Eye Color: _____

10. Blood Type: _____

11. Base Enrollment Date (DD/MMM/YYYY) _____
(New Member Applicants Leave Blank):