



ID CARD FORM

ALL INFORMATION IS REQUIRED
TO CREATE YOUR CARD

Please insert **ALL** information on each line:

1. Status (Circle One): ACTIVE LIFE HONORARY COMMODORE

2. Name: _____
(First, Middle Initial, Last)

3. Employee ID and Flotilla: _____
(Member Number –7 digits, - Flotilla/Division/District)

4. Qualification Status (Circle One): IQ BQ AX AX2

5. Date of Birth: _____
(DD, MMM, YY)

6. Weight (In Pounds): _____

7. Height (In inches): _____

8. Hair Color: _____

9. Eye Color: _____

10. Blood Type: _____

11. Base Enrollment Date: _____

12. AUXCT Completed (Required): YES _____ NO _____

13. Full Address including 9 digit Zip Code

Revised: 13OCT20