U.S. COAST GUARD AUXILIARY

District 7

Change of Membership Status
ANSC 7035/7056

September 1, 2016

Form 7035 is to be used when a member wishes to retire (after 15 years of service), inform the Auxiliary of a deceased member, disenrollment by a member's request or disenrollment for nonpayment of dues.

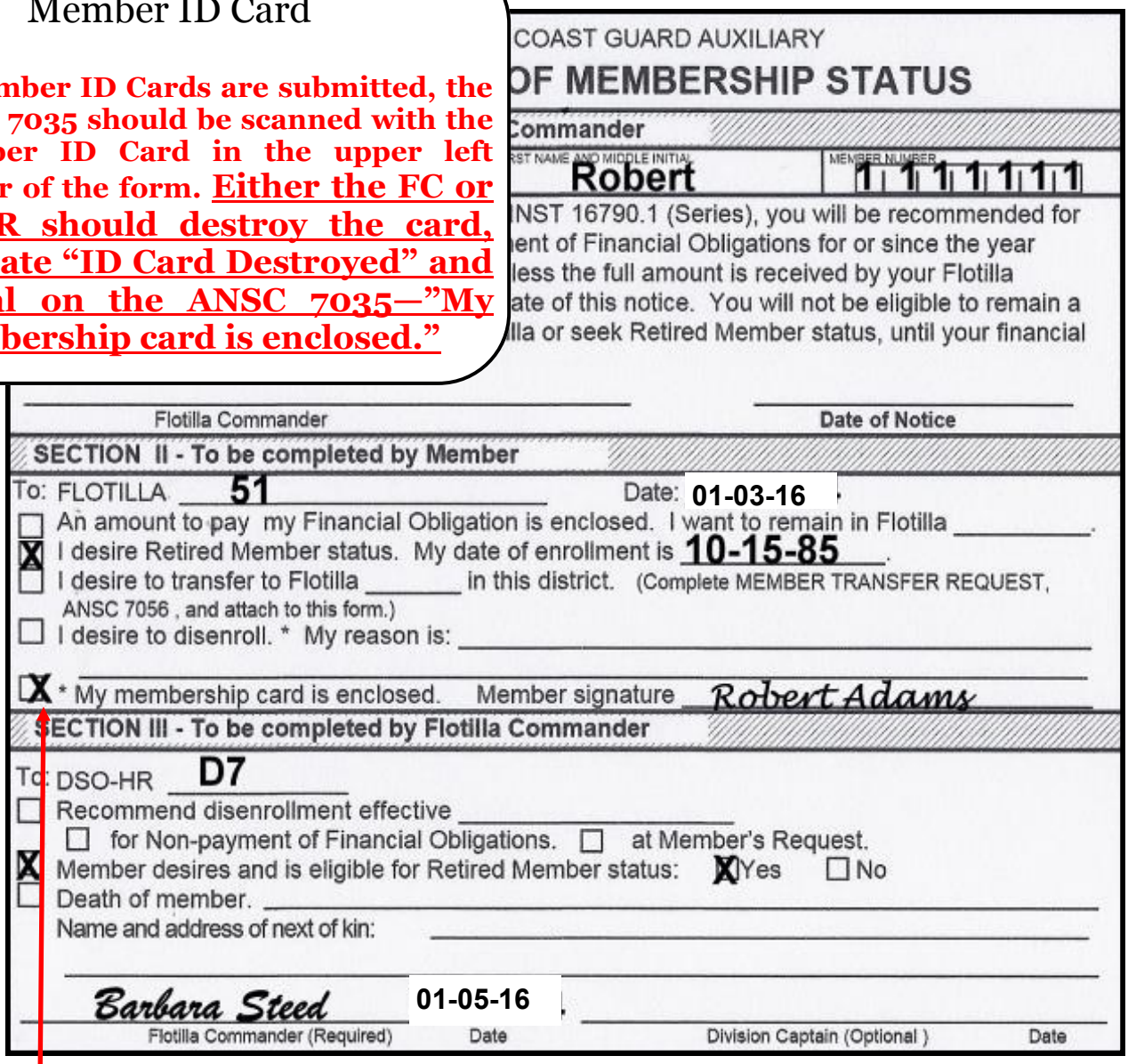
Form ANSC 7056 is to be used for all transfers

RETIREMENT REQUEST

SAMPLE FORM—please print all information except signatures

Member ID Card

If Member ID Cards are submitted, the ANSC 7035 should be scanned with the Member ID Card in the upper left corner of the form. Either the FC or DCDR should destroy the card, indicate "ID Card Destroyed" and initial on the ANSC 7035—"My membership card is enclosed."



COAST GUARD AUXILIARY

OF MEMBERSHIP STATUS

Commander

RST NAME AND MIDDLE INITIAL: Robert | MEMBER NUMBER: 1 1 1 1 1 1 1 1

INST 16790.1 (Series), you will be recommended for
ent of Financial Obligations for or since the year
less the full amount is received by your Flotilla
ate of this notice. You will not be eligible to remain a
lla or seek Retired Member status, until your financial

Flotilla Commander | Date of Notice

SECTION II - To be completed by Member

To: FLOTILLA 51 Date: 01-03-16

☐ 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 10-15-85.

☐ 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 Robert Adams

SECTION III - To be completed by Flotilla Commander

To: DSO-HR D7

☐ 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: _____

Barbara Steed | 01-05-16 | | |

Flotilla Commander (Required) | Date | Division Captain (Optional) | Date

If ID Cards are not obtainable FC should indicate - "A number of attempts have been made to retrieve ID Card – No Response" and initial.

Route -- Member – Flotilla Commander – DSO-HR via D7 Help Desk - DIRAUX

DECEASED MEMBER NOTIFICATION

SAMPLE FORM—please print all information except signatures

Member ID Card

If Member ID Cards are submitted, the ANSC 7035 should be scanned with the Member ID Card in the upper left corner of the form. Either the FC or DCDR should destroy the card, indicate "ID Card Destroyed" and initial on the ANSC 7035—"My membership card is enclosed."

GUARD AUXILIARY

EMBERSHIP STATUS

der

MIDDLE INITIAL obert | MEMBER NUMBER 1 1 1 1 1 1 1 1

790.1 (Series), you will be recommended for
nancial Obligations for or since the year
full amount is received by your Flotilla
s notice. You will not be eligible to remain a
ek Retired Member status, until your financial

Date of Notice

SECTION II - To be completed by Member

To: FLOTILLA 51 Date: 01-07-16

☐ 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-HR D7

☐ 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. Robert Adams
Name and address of next of kin: Date of Death, Name, Address and Relationship of the Next of Kin

Barbara Steed 01-10-16

Flotilla Commander (Required) Date | Division Captain (Optional) Date

If ID Cards are not obtainable FC should indicate "A number of attempts have been made to retrieve ID Card – No Response" and initial.

This information is forwarded to the District Commodore for his letter of condolence which is sent to the family by his office.

Route -- Flotilla Commander – DSO-HR via D7 Help Desk - DIRAUX

MEMBER TRANSFERS

All transfers are submitted with the ANSC 7056.

SAMPLE FORM —please print all information except signatures

Department of Homeland Security
U.S. COAST GUARD
ANSC 7056 (10-04)

U. S. COAST GUARD AUXILIARY

MEMBER TRANSFER REQUEST

[X] WITHIN CURRENT DISTRICT [X] OUTSIDE CURRENT DISTRICT

THIS FORM MUST BE ACCOMPANIED BY FORM ANSC 7028 CHANGE OF MEMBER INFORMATION

SECTION 1 - CURRENT INFORMATION

1111111 (MEMBER NUMBER) TO: FLOTILLA COMMANDER **Barbara Steed Flotilla 51**

I, **Adams** (LAST NAME) **Robert** (FIRST NAME) **L.** (MIDDLE INITIAL)

DESIRE TO TRANSFER TO FLOTILLA **12-01**, DISTRICT/REGION **8 CR**,

OR

EFFECTIVE **01-05-16**. **070 Within District 7**

I HAVE ACCOUNTED FOR ALL AUXILIARY AND COAST GUARD PROPERTY.

Robert Adams (MEMBER'S SIGNATURE) **01-05-16** (DATE)

TO: DIRECTOR OF AUXILIARY

[X] I RECOMMEND APPROVAL.

[ ] I DO NOT RECOMMEND APPROVAL. (My reasons are attached).

FROM: *Barbara Steed* (CURRENT FLOTILLA COMMANDER) **01-07-16** (DATE)

SECTION 2 - NEW INFORMATION

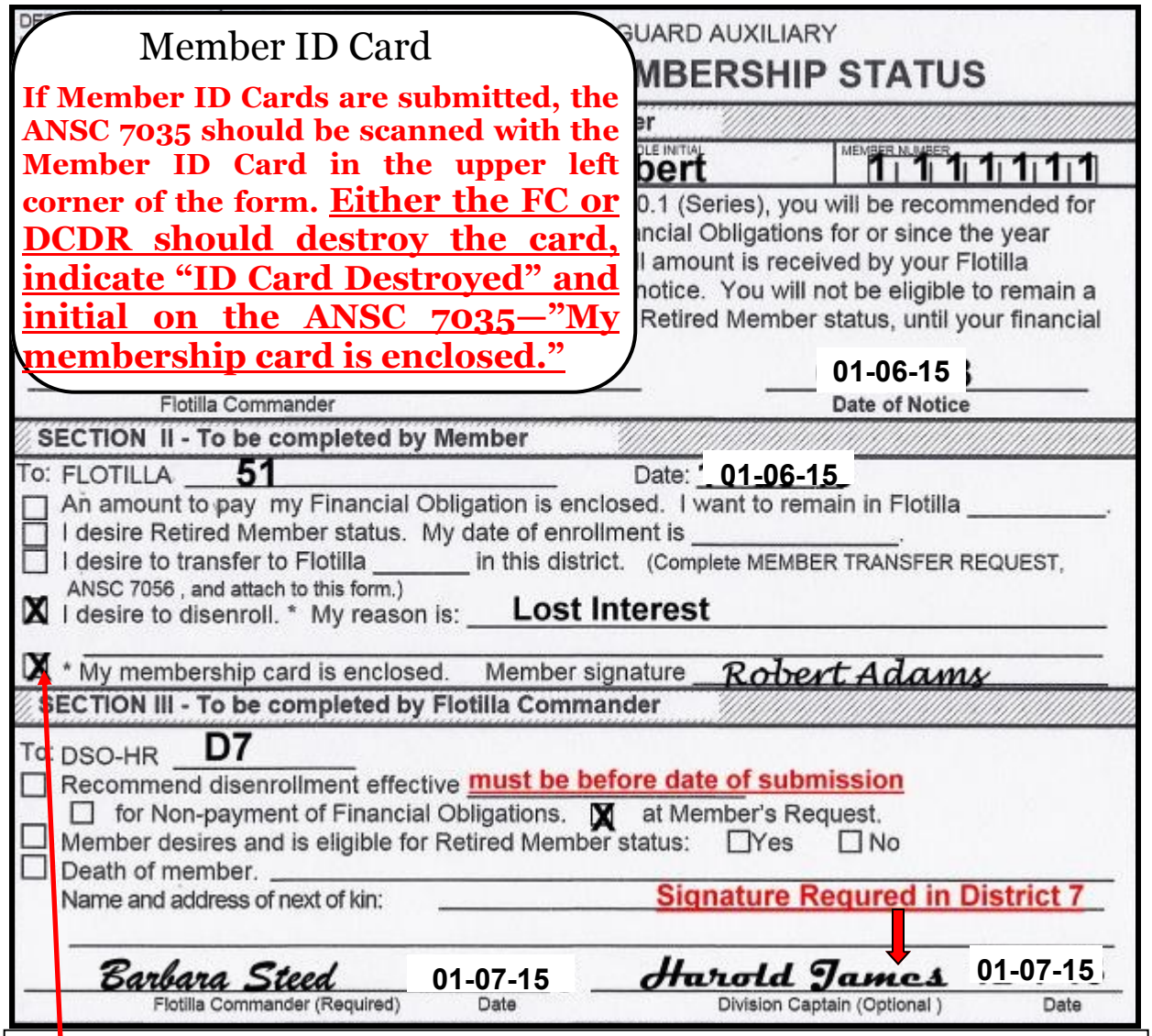
Flotilla Commander recommends approval and verifies that the Member is in good standing, with all dues paid and any flotilla property returned. If not approved, reason must be submitted in writing.

Route – Member – Flotilla Commander – DSO-HR via D7 Help Desk - DIRAUX

Upon notice of processed request, the outgoing FC is requested to notify the receiving FC of the transfer.

MEMBER DISENROLLMENT REQUEST

SAMPLE FORM —please print all information except signatures



GUARD AUXILIARY

MBERSHIP STATUS

bert | MEMBER NUMBER 1 1 1 1 1 1 1 1

0.1 (Series), you will be recommended for
ncial Obligations for or since the year
l amount is received by your Flotilla
notice. You will not be eligible to remain a
Retired Member status, until your financial

Flotilla Commander | 01-06-15 Date of Notice

SECTION II - To be completed by Member

To: FLOTILLA 51 Date: 01-06-15

☐ 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: Lost Interest
☒ * My membership card is enclosed. Member signature Robert Adams

SECTION III - To be completed by Flotilla Commander

To: DSO-HR D7

☐ Recommend disenrollment effective must be before date of submission
☐ 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:

Signature Required in District 7

Barbara Steed 01-07-15 Flotilla Commander (Required) Date

Harold James 01-07-15 Division Captain (Optional) Date

Member ID Card

If Member ID Cards are submitted, the ANSC 7035 should be scanned with the Member ID Card in the upper left corner of the form. Either the FC or DCDR should destroy the card, indicate "ID Card Destroyed" and initial on the ANSC 7035—"My membership card is enclosed."

Should be noted by the member if ID Card is lost or was never received. If ID Cards are not obtainable, FC should indicate "A number of attempts have been made to retrieve ID Card – No Response" and initial.

The FC verifies that all the information is correct -- if eligible for retirement, that option is presented to the member. If no ID Card is returned, the FC signs, dates, scans ANSC 7035 and sends to the DCDR for their signature who then submits it to the DSO-HR via the D7 Help Desk. If the ID Card is returned, the FC should scan the ANSC 7035 along with the Member ID Card and submit to the DCDR for their signature.

Route – Member – Flotilla Commander – Division Commander— DSO-HR via D7 Help Desk - DIRAUX

DISENROLLMENT NON-PAYMENT OF DUES

Each Flotilla sends out a dues notice with a due date for payment. If the member has not responded with payment, the ANSC 7035 along with the second notice is mailed to the member via CERTIFIED MAIL with RETURN RECEIPT REQUESTED.

SECTION II –if a member wishes to remain in the Auxiliary, it should be indicated by their signature and payment of dues. PER THE FLOTILLA PROCEDURES MANUAL, THE FC SHOULD MAKE EVERY EFFORT TO CONTACT AND RETAIN THE MEMBER. IF MEMBER IS ELIGIBLE FOR RETIREMENT, A RETIREMENT REQUEST SHOULD BE SUBMITTED.
SECTION I – FC fills in the necessary information, signs and dates form. SECTION III - If no response is received after 30 days, the FC indicates disenrollment, signs, dates and submits ANSC 7035 along with the completed CERTIFIED MAILING RECEIPT, returned signed green card and ID Card to the Division Commander who signs, dates and submits to the DSO-HR via the D7 Help Desk . If the envelope is returned marked "undeliverable," that should be submitted with the request. If there is no response, the USPS Tracking Sheet should be submitted. The completed Certified Receipt Stub must be submitted with all disenrollment for non-payment of dues requests

SAMPLE FORM —please print all information except signatures

If ID Cards are not obtainable FC should indicate "A number of attempts have been made to retrieve ID Card – No Response" and initial.

The FC verifies that all the information is correct by entering their signature.

Member ID Card

If Member ID Cards are submitted, the ANSC 7035 should be scanned with the Member ID Card in the upper left corner of the form. Either the FC or DCDR should destroy the card, indicate "ID Card Destroyed" and initial on the ANSC 7035—"My membership card is enclosed."

UXILIARY
SHIP STATUS

MEMBER NUMBER 1 1 1 1 1 1 1 1

es), you will be recommended for
igations for or since the year
is received by your Flotilla
ou will not be eligible to remain a
Member status, until your financial

01-07-16
Date of Notice

SECTION II - To be completed by Member

To: FLOTILLA 51 Date: 01-07-16

☐ 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-HR D7

☐ Recommend disenrollment effective must be before date of submission or "immediately"
☒ 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: _____ Signature Required in District 7

Barbara Steed 01-07-16 Harold James 01-07-16
Flotilla Commander (Required) Date Division Captain (Optional) Date

Route – Member – Flotilla Commander – Division Commander –DSO-HR via D7 Help Desk - DIRAUX

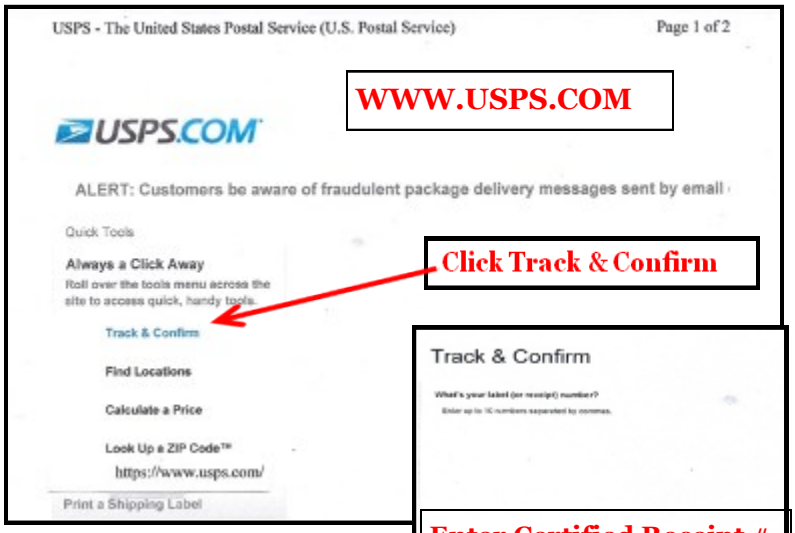
Track & Confirm Sheet

If the green card or a non-deliverable envelope is not returned, a Track & Confirm Sheet can be obtained from the USPS Website.

Certified Mail Receipt obtained at the local US Post Office must be completed

Must Contain Member's Address

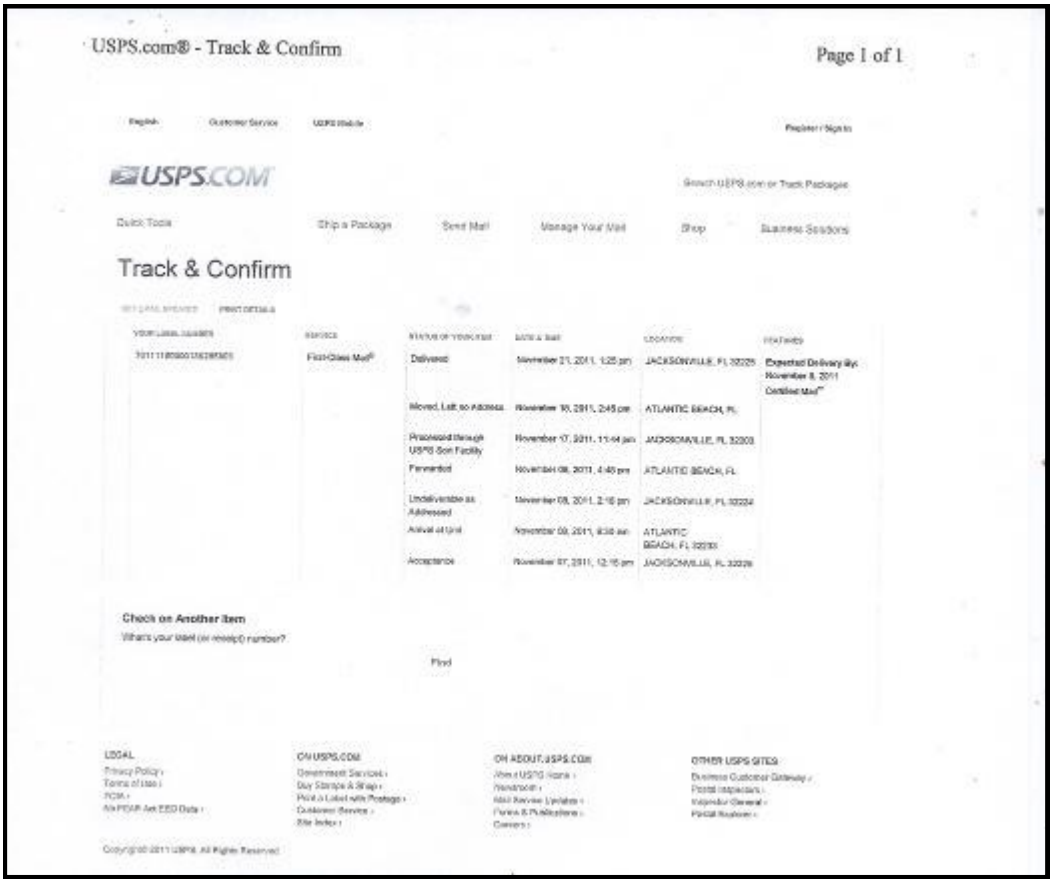
Certified Receipt #



WWW.USPS.COM

Click Track & Confirm

Enter Certified Receipt #



Print and Submit with ANSC 7035

The Certified Receipt Stub must be submitted with <u>all requests</u> for Disenrollment for Non-payment of Dues.

MEMBER DISENROLLMENTS OR DISENROLLMENT NON-PAYMENT OF DUES

The following check list can be used when submitting either a Member Disenrollment or Disenrollment for Non-Payment of Dues

ANSC 7035 SUBMISSION CHECK LIST

DISENROLLMENT FOR NON-PAYMENT OF DUES

Section I

_____ Name

_____ Member #

Section II

_____ Flotilla #

_____ Member Signature

_____ Member ID Card Scanned on ANSC 7035

_____ Indicate reason for omission of ID Card

Section III

_____ FC Signature

_____ DCDR Signature

_____ Certified Receipt – Signed Green Card

_____ Returned Envelope – Undeliverable

_____ Certified Receipt with USPS Tracking Sheet

Member Disenrollment

Section I

_____ Name

_____ Member #

Section II

_____ Flotilla #

_____ Member Signature

_____ Member ID Card Scanned on ANSC 7035

_____ Indicate reason for omission of ID Card

Section III

_____ FC Signature

_____ DCDR Signature

In an attempt to create a more efficient procedure, any questions regarding the filling out, submission or processing of the ANSC 7035/7056 forms should be addressed with the DSO-HR prior to submission to the D7 Help Desk

Both ANSC 7035 and 7056 forms can be found on the District 7 Website in the HR Corner.

7035/7056 Issues

The following issues will cause the form to be returned unprocessed and will delay the completion of the request:

DCDR Signature Required for all Disenrollments – indicated optional on the form – required in District 7. If the DCDR chooses to use a digital, the following is the only acceptable signature that can be used:

Flotilla # - Flotilla # must be entered on all requests.

Member's Signature on Member Request for Disenrollment – required as proof of intent.

FC's Signature on ANSC 7056 Transfer Requests—Transfer requests are routed from the member to the member's FC for their signature indicating all dues are paid and flotilla equipment returned to the flotilla. The ANSC 7056 is then forwarded to the DSO-HR via the D7 Help Desk. As a courtesy, upon notice of processed request, the outgoing FC is requested to notify the receiving FC of the processed transfer.

7035/7056 Issues

ID Card or Explanation for Omission – All disenrollments, deceased members and retirement requests must be submitted with a scanned copy of the member ID card placed in the upper left corner of the form or an explanation for the omission. Either the FC or DCDR should destroy the card, indicate "ID Card Destroyed" and initial on the ANSC 7035— "My membership card is enclosed."

For security reasons, every effort should be made by the FC to retrieve the member's ID Card. This card is property of the US Government and not the member.

Each request must be submitted with a separate D7 Help Desk Ticket.

All forms must be scanned in a PDF Format — no JPEG scans will be accepted

Certified Receipt — Completed Certified Receipt must accompany all disenrollments for non-payment of dues along with either the signed green card, returned envelope or tracking sheet.

All Change of Membership Status requests must be submitted to the DSO-HR via D7 Help Desk —No requests sent directly to DIRAUX or DSO-HR will be processed.

No requests should be submitted prior to the effective date.

Member Name should be entered in Subject of D7Help Desk Ticket and submitted in the proper category.

7035/7056 Issues

If no ID Card is scanned, an explanation for the omission must be submitted on the ANSC 7035.

Reinstatement Requests – if a member wishes to be reinstated after paying their dues, the first page of the ANSC 7001 and a photo should be submitted to DIRAUX within 3 months of the Disenrollment

All necessary boxes must be filled in (Member Name, Flotilla #, Member ID)

Disenrollment of Members Eligible for Retirement – It is the responsibility of the FC to check that members being disenrolled are not eligible for retirement. If they are eligible, the option should be presented to the member.

Improperly submitted requests will be returned to the DCDR/ FC and should be resubmitted with a new ticket within a reasonable time with the necessary corrections to insure processing.

THE LAST DAY FOR THE SUBMISSION OF ALL ANSC 7035/7056 REQUESTS WILL BE DECEMBER 15. NO REQUESTS WILL BE RECEIVED AFTER THAT DATE AS PER AD-11—10-15-09

In an attempt to create a more efficient procedure, any questions regarding the filling out, submission or processing of the ANSC 7035/7056 forms should be addressed with the DSO-HR prior to submission to the D7 Help Desk

Both ANSC 7035 and 7056 forms can be found on the District 7 Website in the HR Corner.

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
ANSC 7035 (07-10)

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-HR _____

☐ 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-HR

To: DIRECTOR OF AUXILIARY

☐ Recommend Disenrollment.
☐ Member requests transfer to Flotilla _____.
☐ Member desires and is eligible for Retired Status.

_____ DSO-HR

_____ Date

SECTION V - To be completed by Director of Auxiliary

To: DCP, DIVISION _____ and FLOTILLA COMMANDER, Fl. _____

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

Department of Homeland Security
U.S. COAST GUARD
ANSC 7056 (10-04)

U. S. COAST GUARD AUXILIARY

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

_____ TO: FLOTILLA COMMANDER _____
MEMBER NUMBER

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.

Previous editions are obsolete

Instructions for ANSC 7056 (10-09)

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.