

**PHILIPPINE COAST GUARD AUXILIARY  
COAST GUARD DISTRICT NORTHERN MINDANAO**  
1001<sup>st</sup> Coast Guard Auxiliary Squadron  
Cagayan de Oro City

ATTACH  
2 x 2 Photo  
(Latest)

**APPLICATION FOR MEMBERSHIP**

PLEASE ACCOMPLISH FULLY AS THE ENTRIES HEREIN WILL  
BE THE BASIS FOR YOUR RECOMMENDED PCGA RANK

(Surname)	(First Name)	(Middle Name)	(Nickname)
Date of Birth: _____			
Citizenship: _____	Height (cm): _____	Weight (kgs): _____	Blood Type: _____
Religion: _____	Sex: _____	Marital Status: _____	
Name of Spouse: _____		Number of Children: _____	
Telephone No. (Residence): _____		Telephone No. (Office): _____	
Fax No.: _____		Cell Phone No.: _____	
Address: _____			

Educational Attainment:			
Name of School	Inclusive Date	Degree Obtained	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Trainings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Skills/Talents:

1. _____	3. _____
2. _____	4. _____

EMPLOYMENT Record or Occupation (From Latest):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Asset/Equipment/Facility/Manpower that can be of use to the PCGA (e.g. Seacraft, radio, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Character References (At least 2 PCGA Officers in Good Standing)		
Name	Position	Address
1. _____	_____	_____
2. _____	_____	_____

I hereby certify that the above information are true and correct to the best of my knowledge and I hereby agree that any misrepresentation herein will be a ground for the denial of this application or my subsequent termination from the PCGA.

Recommending Approval	SIGNATURE ABOVE PRINTED NAME
_____	Date: _____

\_\_\_\_\_  
Chairman, Membership Board

Date: \_\_\_\_\_

\_\_\_\_\_  
Squadron Commander  
1001<sup>st</sup> PCGA Squadron

Date: \_\_\_\_\_