

CGEA MEMBERSHIP APPLICATION

Last Name First Initial Rate

Address

City State Zip
Social Security # Date of Birth Signature Date Sponsored by of Branch

Enclosed is a copy of **ALLOTMENT** for \$2.00 per month to CGEA (Blanket Code 066)
Enclosed is my **CHECK** in the amount of \$24.00 for annual dues. (This includes \$5.00 for annual subscription to *The Chief* magazine)
Regular Member
I wish to be assigned to the _____ Branch (See Pg 3) I prefer to be a member-at-large
ACTIVE DUTY RETIRED RESERVE

Regular Membership

Any Enlisted member of the United States Coast Guard...E6 - E1...active, retired, or reserve, is eligible for regular membership in the CGEA.

LIFETIME MEMBERSHIP AVAILABLE

Would you like to stop paying dues...forever? Lifetime membership in CGEA is available to all national members as follows:

Up to age 35:\$450
35 to 50\$400
50 or over\$350

Clip this section and mail application to:

CG ENLISTED ASSOCIATION

5520-G Hempstead Way
Springfield, VA 22151-4009

Types of Membership

Regular Membership

In general, all Coast Guard members E-6 and below are eligible for Regular Membership in the CGEA. (This includes active, retired, reserves and honorable discharged members).

Associate Membership

The CGEA Associate Membership is open to all E-6 and below of any U.S. Military Service. (This also active, retired, reserves and honorable discharged members).

Members at Large

A member who does not belong to a specific branch shall be considered a member at large, and registered as such by the National Office.

CGEA Purpose

As an organization, formed under the CPOA, our purpose is to assist our fellow shipmates, command and community. The following, identifies some of our many missions:

- Be prepared to support members and dependants in need,
- Assist the CPOA in their endeavors,
- Through responsible leadership, promote of professional advancement,
- Encourage involvement in personal growth,
- Support your command policies and functions,
- Promote and sponsor social programs,
- Be active in community affairs and aid those in need,
- Remain positive, focused and have fun along the way.

U. S. Coast Guard Coast Guard Enlisted Association

*“With the traditions of the past, together we face the challenges of the future”*Enclosure 1

1

What is the CGEA?

The CGEA is an Association conceived of and administered by the USCG Chief Petty Officer's Association (CPOA) formally approved by the CPOA Board of Directors on 16 August 1991. It is a part of the CPOA, and as such, is qualified as a "Not For Profit" organization as specified in Section 501(c)(19) of the IRS Code. It is not a part of the US Coast Guard or any government agency.

Pre-Amble

Always Remember

- As enlisted members, we must uphold the highest standards and respect the traditions of the USCG,
- Our past mentors, leaders and the foundation they left for us to follow,
- To hold ourselves and others accountable to the duties and responsibilities of our country, service and communities,
- To give encouragement to the future members & leaders of the CG,
- To personally support and stand-by our fellow enlisted members, and their families in their endeavors of joy and hardships,

-To be forever appreciative for the support and guidance of the USCG Chief Petty Officers Association.

Branch is involved in. Volunteer to help in a community service project, help with a fund raising event or just attend a monthly meeting once and a while.

Are there benefits?

Yes! Under normal circumstances a new Association starts with a few members and gradually builds up until it is large enough to offer member benefits. This time is different. You may now join the CGEA and immediately become eligible for group benefits, which in the past were only available to Chief Petty Officers. As the CGEA membership grows, along with the CPOA, member benefits will continually be increasing.

Advancement to Chief?

When you advance, notify the National Office. You will receive a letter of congratulations, a CPOA member card, and, as you are removed from the rolls of the CGEA, your membership and remaining dues will automatically be shifted to the CPOA Chapter of your choice.

Check Out these WEB Pages

National CPOA

<http://uscgcpoa.org/index.htm>

What do we offer?

- The Captain Caliendo College Assistance Fund to help enlisted person's sons and daughters with college costs.
- A Chief Magazine to keep you advised on how the CGEA is doing, how the Coast Guard is doing, and what is happening in Washington.
- Your Association is very active in the legislative area. The Executive Director is a member of the Council of Military Organizations (COMO), the White House ADHOC Committee, and the Military Coalition. Collectively these groups represent over 7 million active duty, retired, and reserve military personnel.

Be part of an active force for progress in your Coast Guard, and in your community. Join the United States Coast Guard Enlisted Association.

Your Participation Wanted

The CGEA has great opportunities for fellow Enlisted Members to associate and learn from one another. YOU can be a part of this organization.

All you need... is to say YES! And try to take a little of your time and participate in any of the many activities a

- A comprehensive TRICARE or MEDICARE supplement insurance program..
- Cancer Insurance Program to aid in the exceptional expenses associated with the possibility of internal cancer.
- GEICO Preferred auto, home, renters, insurance program.

PETITION FOR BRANCH CHARTER

U.S. COAST GUARD ENLISTED ASSOCIATION

As per Chapter 3 of CGEA Procedures Manual, the attached roster of Active Duty, Retired and Reserve, U.S. Coast Guard Personnel (10 or more) hereby petition the National Officers of the U.S. Coast Guard Chief Petty Officers Association to authorize the formation of a "Branch of the U.S. Coast Guard Enlisted Association, and to be chartered accordingly.

Aims and purpose are to organize a Regional Branch of the CGEA and to abide by the Constitution and by-laws of the National CPOA, and to represent the best of all Enlisted Personnel and their dependents-past, present, and future.

A roster of our prospective members is attached here, with signatures to attest to this petition. Also included are applications with checks (or copy of completed allotment application) to cover annual dues for all new members (Some signatories are already members).

The official address of this prospective CGEA Branch is:

Review, consideration and approval of this petition will be appreciated. We feel that approval of a Branch in this regional area will serve the best interest of the National Association of the Chief Petty Officers and the U.S. Coast Guard Enlisted Association.

P.O.C. information

Name	
Address	
Telephone	

Signature

Date

Enclosure 2

PETITION FOR CGEA BRANCH CHARTER

Last Calendar Year end Balance

\$

Expenditures this year

\$ _____ (-) Monies Raised (fundraisers)

\$ _____ (+)

Donations/ Contributions

\$ _____ (+)

Current Monies on Hand

Outgoing Treasurer

In-Coming Treasurer

Outgoing President

In-Coming President

Date

Enclosure 3

Date

EIN #

From:
To: USCG Chief Petty Officer's Association
Subj: Annual Gross Receipts Report
Ref: (a) C & BL Section 1439 (b) IRS Code of 1954

1. This Association is exempt from Federal Income Tax under Section 501c (19) of reference (b). This Headquarters is authorized to submit an annual group return to the IRS, which covers the National Office and each subordinate unit who did not have \$25,000 or more in gross receipts for the calendar year.
2. Please check the appropriate sub-paragraph below.
 - (a) We **DID NOT have \$25,000** or more for gross receipts for calendar year 2002. It is requested we be included in the group return filed by the National Office.
 - (b) We **DID have \$25,000** or more gross receipts for calendar year 2002 and will file a separate tax return with IRS.
3. Please return this completed form to the National Office. It should be noted that Auxiliary Units are part of a Chapter and any receipts by the Unit should be included in this report and /or any separate IRS return filed by the Chapter.
4. By signature below, I certify the above information is correct to the best of my knowledge.

(President's Signature)

(President's Name-Please Print)

Enclosure 4
Annual CGEA Branch Property Report

Individual Branch form to record and report property owned by branch.

Item	Cost of item	Condition of item	Location of item

Printed Name of Custodian

Signature of Custodian

Enclosure 5

President	
1.	
Vice President	
1.	
Secretary	
1.	
Treasurer	
1.	
BOD	
1.	
2.	
3.	
4.	

Enclosure 6

United States Coast Guard Enlisted Association <i>(subsidiary of the CPOA)</i> 5520-G Hempstead Way Springfield, VA 22151 <u>Newly Elected / Appointed Information Report</u>	
E-mail: CGCPOA@aol.com	TeleFAX: (703) 941-0397
Telephone: (703) 941-0395	
Branch Name	EIN #
<i>President</i>	
Name _____	E-mail _____
Phone _____	Address _____
<i>Vice President</i>	
Name _____	E-mail _____
Phone _____	Address _____
<i>Secretary</i>	

Name	_____	E-mail
Address	Phone	
<i>Treasurer</i>		
Name	_____	E-mails
Phone	_____	Address
<i>Board of Directors</i> <i>Name / Rank only required</i>		

Enclosure 7

INSTALLING CEREMONY

Receive Gavel & Charter

(To Incumbent President _____)

"Mr. President: The term for which you and your subordinate officers were elected has now expired. I am present to install your newly elected officers. Have the officers for the ensuing year been duly elected?"

(Response: "They have")

"Have the records and accounts of the Branch been examined and approved by the Audit Committee?"

(Response: "They have")

"Do you have in your possession the Branch Charter and the gavel of your office?"

"You will surrender them to me."
(Response "I have")

(President hands over gavel and charter))

Enclosure 8

1

"Mr. President, you will call the roll of officers-elect, and as the names are called, the officers will stand."

CGEA

Name F/L (President) Name F/L (Vice President) Name F/L (Secretary) Name F/L (Treasurer)

Questions for Officers

(President reads names)

"It now becomes my duty and honor to install the officers in accordance with the Constitution and by-laws of the Chief Petty Officers Association. Will the officers-elect please come forward."

(Officers-elect form a line behind President)

"I have the honor of now installing you who have been chosen by your fellow Members in the
(_____) Branch of the Coast Guard Enlisted
Association, to administer its affairs for the ensuing year. I congratulate you."

"Mr. President-elect: Place your left hand on the Bible before you. Officers-elect to the rear, place your left hand on the shoulder of the person before you.
Now all raise your right hand and answer the following questions in the affirmation in taking the Oath of Office."

Enclosure 8

2

"Will you conscientiously perform all the duties of your office as prescribed by the Constitution and By-laws of the Chief Petty Officers Association. Also the Coast Guard Enlisted Association Operating Procedures Manual and the Governing Rules of the Branch?"

(Response: "I will")

"Will you at all times, protect the interests of the Coast Guard Enlisted Association, and its Branch's, The Chief Petty Officers Association, and its Chapters, its Auxiliary Units and members, to the best of you ability?"

(Response: "I will")

"Will you keep an accurate and true account of all funds, books, papers, and other property belonging to the Branch, entrusted to you; and submit them to audit when required, and at any time you are requested to do so by competent authority; and at the close of the term to which you have been elected, or sooner if so directed by proper authority, deliver such property in your possession or under your control to the person or persons, officer or officers, entitled to receive same?"

(Response: "I will")

Enclosure 8

3

Oath of Office

"Then say after me, using your name as I do mine: I _____, do hereby solemnly promise, that I will faithfully discharge the duties, of the office to which I have been elected, according to the Constitution and By-laws, of the Chief Petty Officers Association, and the governing rules of this Branch, _____ to the best of my ability. This I freely pledge, as a citizen of our United States of America, and on my honor as a Petty Officer, in the United States Coast Guard."

"You may lower your hands."

"Officers: You now occupy a position of honor, trust, and responsibility, to which your fellow Members has elected you. The Constitution and By-laws of the Association and the governing rules of the organizations prescribe your duties. Study them well, so that you may intelligently discharge the obligation you have assumed. I congratulate you."

"The Branch officers who I have just sworn in may return to your seats except for the newly elected Branch President."

(Officers return to seats)

Enclosure 8

4

Deliver Gavel & Charter

"Mr. President: This organizations is about to be placed in your charge. The harmony and progress of its affairs will depend to a large extent upon your leadership. Your fellow Members has honored you by electing you to this highest office. They have placed their faith in you, and you owe them a solemn obligation, to do your utmost to perform the duties of your high office, as its most obedient servant, never its master."

"I place in your hands this gavel. It is the emblem of authority. You are admonished to always use it wisely and impartially."

(Hand over gavel)

"Study the principles set forth in the Constitution and By- laws of this Association and the governing rules of your Branch. Become familiar with parliamentary procedure, for it is your duty to discharge the rules and rituals of the Association and to pass on rules governing debates. Your duty is in reality, a privilege---that of serving your fellow Members."

"I now deliver the Charter into your hands. As President, you are personally responsible for its safety and it is your duty to see that it is prominently displayed at all meetings, and upon completion of your term in office, deliver it to your successor in office."

(Hand over charter)

"I now declare that the officers of the (_____) Branch of the Coast Guard Enlisted Association are duly installed and are in working order.

Enclosure 8

5

United States
Coast Guard Enlisted Association
National Nomination Ballot

Prospected Nominee

Name _____ Address _____ City _____ State / Zip

Your Enlisted Branch Name:

Photo
Here

Reason / Qualifications for wanting to hold this office:

Continued on Back

Enclosure 9

1

Resume

Units Served:

Awards, etc

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

Additional Comments:

Signature
Date

Enclosure 9

2

United States
Coast Guard Enlisted Association
National Voting Ballot

President	
1.	
2.	
3.	
4.	
Vice President	
1.	
2.	
3.	
4.	
Secretary	
1.	
2.	
3.	
4.	

Treasurer

1.
2.
3.
4.

Enclosure 9

PARLIAMENTARY PROCEDURES AT A GLANCE

**Some motions you might want to make, how to make them, and what to expect rules.

**When recognized, all motions, discussion, etc. SHALL BEGIN, "CGEA PRESIDENT" followed by the speaker's name.

**Abstaining from voting means you choose neither YES or NO. You straddle the fence and DO NOT represent your chapter (unit) in their best interest. This is a weak method of staying out of the issue.

TO DO THIS...	YOU WOULD SAY...	NEED A SECOND ..	DEBATABLE	AMENDABLE	VOTE NEEDED	RECONSIDERED	INTER-RUPT SPEAKER
ADJORN	I MOVE WE ADJOURN	YES	NO	NO	MAJORITY	NO	NO
RECESS	I MOVE WE RECESS FOR....	YES	NO	YES	MAJORITY	NO	NO
PROBLEMS WITH HEAT, NOISE, HEARING, ETC.	I RISE TO THE QUESTION OF PRIVILEGE	NO	NO	YES	NO VOTE	NO	YES
SUSPEND CONSIDERATION ON AN ISSUE	I MOVE THE MOTION BE LAID ON THE TABLE	YES	NO	NO	MAJORITY	NO	NO
END DEBATE AND AMENDMENTS	I MOVE THE PREVIOUS QUESTION	YES	NO	NO	2/3 VOTE	YES	NO
REFER TO COMMITTEE	I MOVE WE REFER THE MOTION TO COMMITTEE	YES	YES	YES	MAJORITY	YES	NO

AMEND A MOTION	I MOVE TO AMEND THE MOTION BY	YES	YES	YES	MAJORITY	YES	NO
INTRODUCE BUSINESS	I MOVE THAT WE....	YES	YES	YES	MAJORITY	YES	NO

The above motions are in their order of precedence.....There is NO order of precedence for those below.

PROTEST A VIOLATION OF RULES, CONDUCT, OR PERSONS NOT SPEAKING ON THE MOTION AT HAND	I RISE TO A POINT OF ORDER	NO	NO	NO	NO VOTE	NO	YES
REQUEST INFORMATION / GUIDANCE ON PROCEDURE OR CLARIFICATION	I RISE TO A QUESTION OF INFORMATION or I RISE FOR INFORMATION	NO	NO	NO	NO VOTE	NO	NO
TAKE UP A MATTER PREVIOUSLY TABLED	I MOVE WE TAKE FROM THE TABLE.....	YES	NO	NO	MAJORITY	NO	NO
OBJECT TO CONSIDERATION OF AN ISSUE THAT IS DELICATE, PERSONAL, INFLAMMATORY, DISCRIMINATORY, ETC.	I OBJECT TO... BECAUSE IT IS.....	NO	NO	NO	2/3 VOTE	NO	YES ONLY WITH CONSENT OF SPEAKER

Enclosure 10

Instructions for Form SS-4
(Rev. September 2003)

For use with Form SS-4 (Rev. December 2001) Application for Employer Identification Number. *Section references are to the Internal Revenue Code unless otherwise noted.*

Department of the Treasury
Internal Revenue Service

General Instructions

Use these instructions to complete **Form SS-4**, Application for Employer Identification Number. Also see **Do I Need an EIN?** on page 2 of Form SS-4.

Purpose of Form

Use Form SS-4 to apply for an employer identification number (EIN). An EIN is a nine-digit number (for example, 12-3456789) assigned to sole proprietors, corporations, partnerships, estates, trusts, and other

IRS website at **www.irs.gov/businesses** and click on **Employer ID Numbers** under **topics**.

Telephone. You can receive your EIN by telephone and use it immediately to file a return or make a payment.

Call the IRS at **1-800-829-4933**. (International applicants must call 215-516-6999.) The hours of operation are 7:00 a.m. to 10:00 p.m. The person making the call must be authorized to sign the form or be an authorized designee. See **Signature** and **Third Party Designee** on page 6. Also see the **TIP** below.

entities for tax filing and reporting purposes. The

If you are applying by telephone, it will be helpful to information you provide on this form will establish your complete Form SS-4 before contacting the IRS. An IRS business tax account. representative will use the

information from the Form

!

*An EIN is for use in connection with your business activities only. Do **not** use your EIN in place of your social security number (SSN).*

SS-4 to establish your account and assign you an EIN. Write the number you are given on the upper right corner of the form and sign and date it. Keep this copy for your records.

Items To Note

If requested by an IRS representative, mail or fax

Apply online. You can now apply for and receive an EIN online using the internet. See **How To Apply** below.

File only one Form SS-4. Generally, a sole proprietor (facsimile) the signed Form SS-4 (including any Third Party Designee authorization) within 24 hours to the IRS address provided by the IRS representative.

should file only one Form SS-4 and needs only one EIN,

Taxpayer representatives can apply for an EIN

regardless of the number of businesses operated as a

TIP

on behalf of their client and request that the sole proprietorship or trade names under which a

*EIN be faxed to their **client** on the same day.* business operates. However, if the proprietorship

incorporates or enters into a partnership, a new EIN is *authorizing the*

***Note:** By using this procedure, you are*

IRS to fax the EIN without a cover sheet. required. Also, each corporation in an affiliated group must have its own EIN.

Fax. Under the Fax-TIN program, you can receive your

EIN applied for, but not received. If you do not have an EIN by the time a return is due, write “Applied For” and the date you applied in the space shown for the number. **Do not** show your SSN as an EIN on returns.

If you do not have an EIN by the time a tax deposit is due, send your payment to the Internal Revenue Service Center for your filing area as shown in the instructions for EIN by fax within 4 business days. Complete and fax Form SS-4 to the IRS using the Fax-TIN number listed on page 2 for your state. A long-distance charge to callers outside of the local calling area will apply. Fax-TIN numbers can only be used to apply for an EIN. **The numbers may change without notice.** Fax-TIN is available 24 hours a day, 7 days a week.

the form that you are filing. Make your check or money

Be sure to provide your fax number so the IRS can fax order payable to the “United States Treasury” and show the EIN back to you. **Note:** By using this procedure, you are authorizing the IRS to fax the EIN without a cover sheet.

tax, period covered, and date you applied for an EIN.

How To Apply

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. Use only one method for each entity so you do not receive more than one EIN for an entity.

Mail. Complete Form SS-4 at least 4 to 5 weeks before you will need an EIN. Sign and date the application and mail it to the service center address for your state. You will receive your EIN in the mail in approximately 4 weeks. See also **Third Party Designee** on page 6.

Online. You can receive your EIN by internet and use it immediately to file a return or make a payment. Go to the

Call 1-800-829-4933 to verify a number or to ask about the status of an application by mail.

Cat. No. 62736F

Where To Fax or File

If your principal business, office or agency, or legal residence in the case of an individual, is located in:	Call the Fax-TIN number shown or file with the “Internal Revenue Service Center” at:
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Attn: EIN Operation P. O. Box 9003 Holtsville, NY 11742-9003 Fax-TIN 631-447-8960
Illinois, Indiana, Kentucky, Michigan	Attn: EIN Operation Cincinnati, OH 45999 Fax-TIN 859-669-5760

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, Puerto Rico, South Dakota, Tennessee, Texas, Utah, Washington, Wisconsin, Wyoming	Attn: EIN Operation Philadelphia, PA 19255 Fax-TIN 215-516-3990
If you have no legal residence, principal place of business, or principal office or agency in any state:	Attn: EIN Operation Philadelphia, PA 19255 Telephone 215-516-6999 Fax-TIN 215-516-3990

How To Get Forms and Publications

Phone. You can order forms, instructions, and publications by phone 24 hours a day, 7 days a week. Call 1-800-TAX-FORM (1-800-829-3676). You should receive your order or notification of its status within 10 workdays.

For information about workshops in your area, call 1-800-829-4933.

Related Forms and Publications

The following **forms** and **instructions** may be useful to filers of Form SS-4:

- **Form 990-T**, Exempt Organization Business Income Tax Return
- **Instructions for Form 990-T**
- **Schedule C (Form 1040)**, Profit or Loss From Business
- **Schedule F (Form 1040)**, Profit or Loss From Farming
- **Instructions for Form 1041 and Schedules A, B, D, G, I, J, and K-1**, U.S. Income Tax Return for Estates and Trusts
- **Form 1042**, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons
- **Instructions for Form 1065**, U.S. Return of Partnership Income
- **Instructions for Form 1066**, U.S. Real Estate Mortgage Investment Conduit (REMIC) Income Tax Return
- **Instructions for Forms 1120 and 1120-A**
- **Form 2553**, Election by a Small Business Corporation
- **Form 2848**, Power of Attorney and Declaration of Representative
- **Form 8821**, Tax Information Authorization
- **Form 8832**, Entity Classification Election

For more **information** about filing Form SS-4 and

related issues, see:

- **Circular A**, Agricultural Employer's Tax Guide (Pub. 51)
- **Circular E**, Employer's Tax Guide (Pub. 15)

- **Pub. 538**, Accounting Periods and Methods
- **Pub. 542**, Corporations
- **Pub. 557**, Exempt Status for Your Organization
- **Pub. 583**, Starting a Business and Keeping Records
- **Pub. 966**, Electronic Choices for Paying ALL Your

Federal Taxes

- **Pub. 1635**, Understanding Your EIN
- **Package 1023**, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

- **Package 1024**, Application for Recognition of **Personal computer**. With your personal computer and modem, you can get the forms and information you need using the IRS website at **www.irs.gov** or File Transfer Protocol at **ftp.irs.gov**.

Exemption Under Section 501(a)

CD-ROM. For small businesses, return preparers, or others who may frequently need tax forms or publications, a CD-ROM containing over 2,000 tax products (including many prior year forms) can be purchased from the National Technical Information Service (NTIS).

To order **Pub. 1796**, Federal Tax Products on CD-ROM, call **1-877-CDFORMS** (1-877-233-6767) toll free or connect to **www.irs.gov/cdorders**.

Tax Help for Your Business

Specific Instructions

Print or type all entries on Form SS-4. Follow the instructions for each line to expedite processing and to avoid unnecessary IRS requests for additional information. Enter “N/A” (nonapplicable) on the lines that do not apply.

Line 1—Legal name of entity (or individual) for whom the EIN is being requested. Enter the legal name of the entity (or individual) applying for the EIN exactly as it appears on the social security card, charter, or other applicable legal document.

IRS-sponsored Small Business Workshops provide

Individuals. Enter your first name, middle initial, and information about your Federal and state tax obligations. last name. If you are a sole proprietor, enter your

-2-

individual name, not your business name. Enter your Individual Taxpayer Identification Number, to obtain an nicknames on line 1. ITIN. necessary, complete **Form W-7**, Application for IRS business name on line 2. Do not use abbreviations or

Trusts. Enter the name of the trust.

You are **required** to enter an SSN, ITIN, or EIN unless

Estate of a decedent. Enter the name of the estate.

Partnerships. Enter the legal name of the partnership as it appears in the partnership agreement. the only reason you are applying for an EIN is to make an entity classification election (see Regulations sections 301.7701-1 through 301.7701-3) and you are a nonresident alien with no effectively connected income

Corporations. Enter the corporate name as it from sources within the United States.

appears in the corporation charter or other legal document creating it.

Line 8a—Type of entity. Check the box that best describes the type of entity applying for the EIN. If you

Plan administrators. Enter the name of the plan are an alien individual with an ITIN previously assigned to administrator. A plan administrator who already has an

you, enter the ITIN in place of a requested SSN. EIN should use that number.

Line 2—Trade name of business. Enter the trade name of the business if different from the legal name.

This is not an election for a tax classification of an entity. See **Limited liability company**

The trade name is the “doing business as ” (DBA) name. (LLC) on page 4.

!

Use the full legal name shown on line 1 on all entity and the type of return, if any, that enter a trade name on line 2 and choose to use will be filed (for example, “Common Trust Fund, Form the trade name instead of the legal name, enter the trade name on **all returns** you file.) To prevent processing delays and errors, **always** use the legal name only (or the trade name only) on **all** tax returns.

Other. If not specifically listed, check the “Other” box, *tax returns filed for the entity.* (However, if you enter the type of 1065” or “Created a Pension Plan”). Do not enter “N/A.” If you are an alien individual applying for an EIN, see the **Lines 7a-b** instructions above.

• **Household employer.** If you are an individual, check

Line 3—Executor, trustee, “care of” name. Trusts enter the name of the trustee. Estates enter the name of the executor, administrator, or other fiduciary. If the entity applying has a designated person to receive tax information, enter that person’s name as the “care of” person. Enter the individual’s first name, middle initial, and last name.

Lines 4a-b—Mailing address. Enter the mailing address for the entity’s correspondence. If line 3 is completed, enter the address for the executor, trustee or “care of” person. Generally, this address will be used on all tax returns.

the “Other” box and enter “Household Employer” and your SSN. If you are a state or local agency serving as a tax reporting agent for public assistance recipients who become household employers, check the “Other” box and enter “Household Employer Agent.” If you are a trust that qualifies as a household employer, you do not need a separate EIN for reporting tax information relating to household employees; use the EIN of the trust.

• **QSub.** For a qualified subchapter S subsidiary (QSub) check the “Other” box and specify “QSub.”

• **Withholding agent.** If you are a withholding agent required to file Form 1042, check the “Other” box and enter “Withholding Agent.”

TIP

File **Form 8822**, *Change of Address*, to report 1040) and have a qualified plan, or *address*.

Sole proprietor. Check this box if you file Schedule *any subsequent changes to the entity’s mailing* C, C-EZ, or F (Form are required to file excise, employment, alcohol, tobacco, or firearms returns, or are a payer of gambling winnings.

Lines 5a-b—Street address. Provide the entity’s

a nonresident alien with no effectively connected income enter an SSN or ITIN.

Line 6—County and state where principal business is located. Enter the entity’s primary **physical** location.

Lines 7a-b—Name of principal officer, general partner, grantor, owner, or trustor. Enter the first name, middle initial, last name, and SSN of (a) the principal officer if the business is a corporation, (b) a general partner if a partnership, (c) the owner of an entity

If you entered “1120S” after the “Corporation” checkbox, the corporation **must** file Form 2553

that is disregarded as separate from its owner

(disregarded entities owned by a corporation enter the

no later than the 15th day of the 3rd month of the tax year the election is to take effect.

Enter your SSN (or ITIN) in the space provided. If you are physical address **only** if different from its mailing address shown in lines 4a-b. **Do not** enter a P.O. box number from sources within the United States, you do not need to here.

Corporation. This box is for any corporation **other than a personal service corporation.** If you check this box, enter the income tax form number to be filed by the entity in the space provided.

corporation's name and EIN), or (d) a grantor, owner, or trustor if a trust.

If the person in question is an **alien individual** with a
Until Form 2553 has been received and approved, you will be considered a Form 1120 filer. See the Instructions for Form 2553.

previously assigned individual taxpayer identification

corporation for a tax year only if:

- The principal activity of the entity during the testing of personal services substantially by employee-owners, and
- The employee-owners own at least 10% of the fair

irbs/irb99-03.pdf. (Note: If the

Personal services include performance of services in

individual or other entity) of a single-member domestic see the Instructions for Forms 1120 and 1120-A and Pub. 542. LLC will also be assigned its own EIN (if it does not

should use the name and EIN of its **owner** for all Federal period (prior tax year) for the tax year is the performance tax purposes. However, the reporting and payment of employment taxes for employees of the LLC may be made using the name and EIN of **either** the owner or the LLC as explained in Notice 99-6. You can find Notice market value of the outstanding stock in the entity on the 99-6 on page 12 of Internal Revenue Bulletin 1999-3 at last day of the testing period. **www.irs.gov/pub/irs-**

LLC applicant indicates in box 13 that it has employees such fields as health, law, accounting, or consulting. For or expects to have employees, the owner (whether an more information about personal service corporations, already have one) even if the LLC will be filing the

Other nonprofit organization. Check this box if the nonprofit organization is other than a church or church-controlled organization and specify the type of nonprofit organization (for example, an educational organization).

employment tax returns.)

- A single-member, domestic LLC that accepts the default classification (above) and wants an EIN for filing employment tax returns (see above) or non-Federal purposes, such as a state requirement, must check the "Other" box and write "Disregarded Entity" or, when

!

If the organization also seeks tax-exempt status, you must file either Package 1023 or Package 1024. See Pub. 557 for more information.

applicable, "Disregarded Entity—Sole Proprietorship" in the space provided.

- A multi-member, domestic LLC that accepts the default classification (above) must check the "Partnership" box.

If the organization is covered by a group exemption letter, enter the four-digit **group exemption number (GEN)**. (Do not confuse the GEN with the nine-digit EIN.) If you do not know the GEN, contact the parent

- A domestic LLC that will be filing Form 8832 to elect corporate status must check the "Corporation" box and write in "Single-Member" or "Multi-Member" immediately below the "form number" entry line.

organization. Get Pub. 557 for more information about

Line 9—Reason for applying. Check only **one** box. Do group exemption numbers. not enter "N/A."

Plan administrator. If the plan administrator is an

Started new business. Check this box if you are individual, enter the plan administrator's SSN in the

starting a new business that requires an EIN. If you space provided.

check this box, enter the type of business being started.

REMIC. Check this box if the entity has elected to be treated as a real estate mortgage investment conduit

Do not apply if you already have an EIN and are only adding another place of business.

(REMIC). See the Instructions for Form 1066 for more information.

Limited liability company (LLC). An LLC is an entity organized under the laws of a state or foreign country as a limited liability company. For Federal tax purposes, an LLC may be treated as a partnership or corporation or be disregarded as an entity separate from its owner.

By **default**, a domestic LLC with only one member is

Hired employees. Check this box if the existing business is requesting an EIN because it has hired or is hiring employees and is therefore required to file employment tax returns. **Do not** apply if you already have an EIN and are only hiring employees. For information on employment taxes (e.g., for family members), see Circular E.

disregarded as an entity separate from its owner and must include all of its income and expenses on the owner's tax return (e.g., **Schedule C (Form 1040)**). Also

You may be required to make electronic

!

deposits of all depository taxes (such as employment tax, excise tax, and corporate

by default, a domestic LLC with two or more members is treated as a partnership. A domestic LLC may file Form 8832 to avoid either default classification and elect to be classified as an association taxable as a corporation. For

income tax) using the Electronic Federal Tax Payment System (EFTPS). See section 11, Depositing Taxes, of Circular E and Pub. 966.

Created a pension plan. Check this box if you have more information on entity classifications (including the created a pension plan and need an EIN for reporting rules for foreign entities), see the instructions for Form

purposes. Also, enter the type of plan in the space 8832.

provided.

Do not file Form 8832 if the LLC accepts the

!

2553.

default classifications above. However, if the LLC will be electing S Corporation status, it must timely file both Form 8832 and Form

TIP

Check this box if you are applying for a trust

EIN when a new pension plan is established. In addition, check the "Other" box in line 8a and write "Created a Pension Plan" in the space

Complete Form SS-4 for LLCs as follows:

provided.

• A single-member domestic LLC that accepts the default classification (above) does not need an EIN and generally should not file Form SS-4. Generally, the LLC

Banking purpose. Check this box if you are requesting an EIN and the banking purpose (for example, a bowling league for

-4-

depositing dues or an investment club for dividend and

See the Instructions for Form 1065 for more interest reporting). information.

Changed type of organization. Check this box if the year.

REMICs. REMICs must have a calendar year as their business is changing its type of organization. For tax

example, the business was a sole proprietorship and has corporation generally must adopt a calendar year unless: check this box, specify in the space provided (including immediately below) the type of change made. For example, "From Sole Proprietorship to Partnership."

Personal service corporations. A personal service been incorporated or has become a partnership. If you • It can establish a business purpose for having a available space different tax year, or • It elects under section 444 to have a tax year other than a calendar year.

Purchased going business. Check this box if you

Trusts. Generally, a trust must adopt a calendar year purchased an existing business. **Do not** use the former except for the following:

owner's EIN unless you became the "owner" of a

- Tax-exempt trusts, corporation by acquiring its stock.
- Charitable trusts, and
- Grantor-owned trusts.

Created a trust. Check this box if you created a trust,

and enter the type of trust created. For example, indicate if the trust is a nonexempt charitable trust or a business began or will begin

Exception. Do **not** file this form for certain employees, enter "N/A." the trust if the trustee furnishes the name and TIN of the

See the Instructions for Form 1041 for more information.

TIP

Do not check this box if you are applying for a trust EIN when a new pension plan is are required to file Form 1042 to report alimony paid to a nonresident alien. established. Check "Created a pension plan."

Other. Check this box if you are requesting an EIN for any other reason; and enter the reason. For example, a newly-formed state government entity should enter "Newly-Formed State Government Entity" in the space provided.

Line 10—Date business started or acquired. If you business. Check the "Other" box (and specify the date you acquired the business. If you are changing the form of ownership of your business, enter the date the new ownership entity began. Trusts should enter the date the trust was legally created. Estates should enter the date of death of the decedent whose name appears on line 1 or the date when the estate was legally funded.

Line 11—Closing month of accounting year. Enter the last month of your accounting year or tax year. An accounting or tax year is usually 12 consecutive months, either a calendar year or a fiscal year (including a period of 52 or 53 weeks). A calendar year is 12 consecutive months ending on December 31. A fiscal year is either 12 consecutive months ending on the last day of any month other than December or a 52-53 week year. For more information on accounting periods, see Pub. 538.

Individuals. Your tax year generally will be a calendar year.

Partnerships. Partnerships must adopt one of the following tax years:

- The tax year of the majority of its partners,
- The tax year common to all of its principal partners,

Use line 15 to describe the applicant's principal line of business in more detail. For example, if you checked the "Construction" box in line 14, enter additional detail such as "General contractor for residential buildings" in line 15.

Construction. Check this box if the applicant is engaged in erecting buildings or other structures, (e.g., streets, highways, bridges, tunnels). The term "Construction" also includes special trade contractors, (e.g., plumbing, HVAC, electrical, carpentry, concrete, excavation, etc. contractors).

Real estate. Check this box if the applicant is engaged in renting or leasing real estate to others; managing, selling, buying or renting real estate for others; or providing related real estate services (e.g., appraisal services).

Rental and leasing. Check this box if the applicant is engaged in providing tangible goods such as autos, computers, consumer goods, or industrial machinery and equipment to customers in return for a periodic rental or lease payment.

- The tax year that results in the least aggregate deferral or chemical
- In certain cases, some other tax year.

Line 12—First date wages or annuities were paid or will be paid. If the business has or will have employees, split-interest trust. enter the date on which the to pay wages. If the business does not plan to have grantor-type trusts. The trustee does not need an EIN for

Withholding agent. Enter the date you began or will grantor/owner and the address of the trust to all payors. begin to pay income (including annuities) to a nonresident alien. This also applies to individuals who

Line 13—Highest number of employees expected in the next 12 months. Complete each box by entering the number (including zero ("0-")) of "Agricultural," "Household," or "Other" employees expected by the applicant in the next 12 months. For a definition of agricultural labor (farmwork), see Circular A.

Lines 14 and 15. Check the **one** box in line 14 that best describes the principal activity of the applicant's are starting a new business, enter the starting date of the applicant's principal activity) if none of the listed boxes operating, enter the applies.

Manufacturing. Check this box if the applicant is of income, or engaged in the mechanical, physical, transformation of materials, substances, or components

into new products. The assembling of component parts of principal officer, if the applicant is a corporation, (c) a manufactured products is also considered to be responsible and duly authorized member or officer having manufacturing knowledge of its affairs, if the applicant is a partnership,

Transportation & warehousing. Check this box if the applicant provides transportation of passengers or cargo; warehousing or storage of goods; scenic or sight-seeing transportation; or support activities related to these modes of transportation.

government entity, or other unincorporated organization, or (d) the fiduciary, if the applicant is a trust or an estate. Foreign applicants may have any duly-authorized person, (e.g., division manager), sign Form SS-4.

Finance & insurance. Check this box if the applicant is engaged in transactions involving the creation, Internal Revenue laws of the United States. We need it to and/or facilitating such financial transactions;

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the liquidation, or change of ownership of financial assets

comply with section 6109 and the regulations thereunder underwriting annuities/insurance policies; facilitating such which generally require the inclusion of an employer underwriting by selling insurance policies; or by providing identification number (EIN) on certain returns, statements, or other documents filed with the Internal

other insurance or employee-benefit related services.

Health care and social assistance. Check this box if the applicant is engaged in providing physical, medical, or psychiatric care using licensed health care professionals or providing social assistance activities such as youth centers, adoption agencies, individual/ family services, temporary shelters, etc.

Accommodation & food services. Check this box if the applicant is engaged in providing customers with lodging, meal preparation, snacks, or beverages for immediate consumption.

Wholesale-agent/broker. Check this box if the applicant is engaged in arranging for the purchase or sale of goods owned by others or purchasing goods on a commission basis for goods traded in the wholesale market, usually between businesses.

Wholesale-other. Check this box if the applicant is engaged in selling goods in the wholesale market generally to other businesses for resale on their own account.

Retail. Check this box if the applicant is engaged in selling merchandise to the general public from a fixed store; by direct, mail-order, or electronic sales; or by using vending machines.

Other. Check this box if the applicant is engaged in an activity not described above. Describe the applicant’s principal business activity in the space provided.

Lines 16a-c. Check the applicable box in line 16a to indicate whether or not the entity (or individual) applying for an EIN was issued one previously. Complete lines 16b and 16c **only** if the “Yes” box in line 16a is checked. If the applicant previously applied for **more than one** EIN, write “See Attached” in the empty space in line 16a and attach a separate sheet providing the line 16b and 16c information for each EIN previously requested.

Revenue Service. If your entity is required to obtain an EIN, you are required to provide all of the information requested on this form. Information on this form may be used to determine which Federal tax returns you are required to file and to provide you with related forms and publications.

We disclose this form to the Social Security Administration for their use in determining compliance with applicable laws. We may give this information to the Department of Justice for use in civil and criminal litigation, and to the cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

We will be unable to issue an EIN to you unless you provide all of the requested information which applies to your entity. Providing false information could subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping 6 min. **Learning about the law or the form** 22 min. **Preparing the form** 46 min. **Copying, assembling, and sending the form to**

Third Party Designee. Complete this section **only** if you **the IRS** 20 min.

want to authorize the named individual to receive the entity’s EIN and answer questions about the completion of Form SS-4. The designee’s authority terminates at the time the EIN is assigned and released to the designee. **You must complete the signature area for the authorization to be valid.**

Signature. When required, the application must be signed by (a) the individual, if the applicant is an individual, (b) the president, vice president, or other

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax

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Printed on recycled paper

Directions for filling out SS-4 form (EIN)

Item 1 Legal name of entity (or individual) for whom the EIN is being requested: **Coast Guard Enlisted Association (your) Branch**

Item 2 Trade name of business (if different from name on line 1) **Same as Item 1**

Item 3 Executor, trustee, "care of" name

Branch Treasurer

Item 4a Mailing address for your branch (room, apt., suite no. and street or PO Box) (i.e. - **4000 Coast Guard Blvd**)

Item 4b City State and Zip Code for your branch

(i.e. - **Yorktown, Virginia 23690-5000**)

Item 5a Street Address for your branch (if different)(do not enter a PO Box) (i.e. - **End of Route 238**)

Item 5b City State and Zip Code

(i.e. - **Yorktown, Virginia 23690-5000**)

Item 7a Name of principal officer, general partner, grantor, owner, or trustor

Coast Guard Chief Petty Officers Association

Item 7b SSN, ITIN, or EIN

leave blank if not known

Item 8a Type of entity (check only one box)

Other (specify) Section 501c (19) Military Fraternal Organization

Item 9 Reason for applying (check only one box) **Banking purpose (specify purpose) OPEN ACCOUNT**

Item 16a Has the applicant ever applied for an employer identification number for this or any other business? **Yes or No**

Sign and date form and provide phone number

Enclosure 12

**INSTALLING CEREMONY for NEW
Branch**

"Mr/Ms. President:
office.

I am present to install your officers for the newly formed (___) Branch. I have in my possession the Branch Charter and the gavel of your
Have the officers for this newly formed branch been duly elected?

(Response: "They have")

"Mr/Ms. President, you will call the roll of officers- elect, and as the names are called, the officers will stand."

(President-elect reads names)

Name F/L (Vice President) Name F/L (Secretary) Name F/L (Treasurer)

Enclosure 13

Questions for Officers

"It now becomes my duty and honor to install the officers in accordance with the Constitution and by-laws of the Chief Petty Officers Association. Will the officers-elect please come forward?"

(Officers-elect form a line behind President)

"I have the honor of now installing you who have been chosen by your fellow Members in the
(_____) Branch of the Coast Guard Enlisted
Association, to administer its affairs for the ensuing year. I congratulate you."

"Mr/Ms. President-elect: Place your left hand on the Bible before you. Officers-elect to the rear, place your left hand on the shoulder of the person before you. Now all raise your right hand and answer the following questions in the affirmation in taking the Oath of Office."

"Will you conscientiously perform all the duties of your office as prescribed by the Constitution and By-laws
of the Chief Petty Officers Association? Also the
Coast Guard Enlisted Association Operating
Procedures Manual and the Governing Rules of the
Branch?"

(Response: "I will")

Chapters, its Auxiliary Units and members, to the best of your ability?"

(Response: "I will")

"Will you keep an accurate and true account of all funds, books, papers, and other property belonging to the Branch, entrusted to you; and submit them to audit when required, and at any time you are requested to do so by competent authority; and at the close of the term to which you have been elected, or sooner if so directed by proper authority, deliver such property in your possession or under your control to the person or persons, officer or officers, entitled to receive same?"

(Response: "I will")

Oath of Office

"Then say after me, using your name as I do mine:

I _____, do hereby solemnly promise, (pause) that I will faithfully discharge the duties, of the office to which I have been elected, (pause) according to the Constitution and By-laws, of the Chief Petty Officers Association, (pause) and the governing rules of this Branch, to the best of my ability.(pause) This I freely pledge, as a citizen of our United States of America, (pause) and on my honor as a Petty Officer, in the United States Coast Guard."

"You may lower your hands."

and the governing rules of the organizations prescribe your duties. Study them well, so that you may intelligently discharge the obligation you have assumed. I congratulate you."

"The Branch officers who I have just sworn in may return to your seats except for the newly elected Branch President."

Deliver Gavel & Charter

(Officers return to seats)

"Mr/Ms President: This organizations is about to be placed in your charge. The harmony and progress of its affairs will depend to a large extent upon your leadership. Your fellow Members have honored you by electing you to this highest office. They have placed their faith in you, and you owe them a solemn obligation, to do your utmost to perform the duties of your high office, as its most obedient servant, never its master."

"I place in you hands this gavel.

It is the emblem of authority. You are admonished to always use it wisely and impartially."

(Hand over gavel)

"Study the principles set forth in the Constitution and By- laws of this Association and the governing rules of your Branch. Become familiar with parliamentary procedure, for it is your duty to discharge the rules and rituals of the Association and to pass on rules governing debates.

"I now deliver the Charter into your hands. As President, you are personally responsible for its safety and it is your duty to see that it is prominently displayed at all meetings, and upon completion of your term in office, deliver it to your successor in office."

(Hand over charter)

"I now declare that the officers of the (_____) Branch of the Coast Guard Enlisted Association are duly installed and are in working order.

CGEA OUTSTANDING BRANCH AWARD

INFORMATION/INSTRUCTIONS

PURPOSE: To recognize an outstanding CGEA Branch.

TIME FRAME: Items will be gathered each year beginning June of one year and ending 01 June of the following year June to June (i.e. 02 June XXXX to 01 June XXXX)

PACKAGE & DOCUMENTATION: Package should be in a binder or folder. Each entry in each field must have documentation, i.e., photos, articles to POW or website, recipes, copies of checks, copies of new member applications allotment printout, thank you letters, etc.

The package must be submitted to the CGEA National President and must be postmarked NLT 01 August.

SELECTION PROCESS: The CGEA National Officers will review each package and select the outstanding branch for the year. The winner will be selected by using a point system. In case of a tie, the CGEA National President will break the tie. Using the form, add all points in right hand column and total at the bottom of the form.

AWARD PRESENTATION: The Outstanding Branch will be presented with an award at the annual CPOA/CGEA Convention. A separate award will be presented to the CGEA Branch for the most new members recruited during the year.

Explanation of each line item on the award submission form:

1. Articles to Chief's magazine. The form is self-explanatory.
2. Community service:
 - a. CG events – CG Day, CG athletic events, etc.
 - b. Local events – Adopt a Highway; Clean the Bay Day, Habitat for Humanity, etc.
 - c. Honor Our Veterans Program – The Branch volunteers a day at a VA hospital or sponsors an event, or volunteers with a veteran's organization (DAV, VFW, etc). This event must be in support of our veterans. Every VA hospital has a Volunteer Dept. with similar programs.
3. Convention attendance – The branch must have had a delegate representing them at the annual CPOA/CGEA convention for at least half of the in secession time.
4. CGEA monetary donations:
 - a. Convention – Assist with expenses of a delegate going to the convention
 - b. Hardship fund – Families in need.
5. Dedicated fundraisers: Disaster relief. Someone loses a home to fire, money for excessive medical bills not covered by Tricare or other insurance, travel funds for members in emergency situations (in addition to CGMA assistance)
6. Creation & maintenance of a Branch website – self-explanatory.
7. New members – One point per new CGEA member recruited. Documentation required.

NOTE: The above events and suggestions in #2, community service and #'s 4 & 5, donations and fundraisers are just that...*SUGGESTIONS*. Be creative. All events will be considered.

CGEA OUTSTANDING BRANCH AWARD FORM

CGEA BRANCH NAME: _____

BRANCH CONTACT INFO: Ph # & Email _____

DATE SUBMITTED _____

CRITERIA	POINTS
1. Articles to Chief's Magazine - 2 points per article, 8 points max	_____
2. Community Service:	
Coast Guard events - 1 point per event Example: CG Day, CG athletic events, etc.	_____
b. Local events - 2 points per event Example: Adopt a Highway, Clean the Bay, etc.	_____
“Honor Our Veterans” Program - 3 points Examples: Volunteer a day at a VA hospital as a branch or sponsor an event, Volunteer with Veterans organization (DAV, VFW, etc) (see attachment)	_____
3. Convention attendance (send a Branch delegate) - 1 points per chapter	_____
4. CGEA <i>monetary</i> donations:	_____
a. CCCAF (CAPT Caliendo College Assistance Fund) - (see attachment) - 1 point	_____
Convention - (assist with expenses for delegate) - 1 point	_____
Hardship fund - Families in need - 2 points	_____
5. Dedicated fundraisers - Disaster relief - 2 points per event	_____
6. Create or maintain a Branch website - 5 points	_____
7. Recruitment of new CGEA members – 1 point per new member	_____
TOTAL POINTS	_____

TIE BREAKER: Will be decided by National CGEA President.

Events mentioned in each field are suggestions. All events will be considered.

SIGNATURE OF BRANCH PRESIDENT _____

PRINTED NAME OF BRANCH PRESIDENT _____

**Send package to: National Office

CG Enlisted Association
5520- G Hempstead Way
Springfield, VA 22151-4009
Attn: Tom Scaramastro

Enclosure 14

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