SUPPLEMENTAL APPLICATION for the NATIONAL BOATING SAFETY ADVISORY COUNCIL

Your Name:	Date:
Boating Safety	The information requested on this page is not required to apply for membership on the National y Advisory Council. If you choose to provide this information, it will assist in the assessment of your ategory and of your qualifications.)
Membership c	rategory you are applying for: (select the one that best applies)
	ial responsible for State boating safety program O e employee that is responsible for their State's boating safety program)
(This is an ow	nal vessel or associated equipment manufacturer ner or employee of a recreational vessel or associated equipment manufacturer sentative of an association of related manufacturers)
/	creational boating organization representative tion must be national in scope and represent recreational boating participation)
a. Name of o	organization:
•	obtained an endorsement from the national head of your organization to it on the National Boating Safety Advisory Council? Yes No N/A
,	on that represents the public's interest, rather than the first three categories')
boating-relate	ground: (include types of boats operated, number of years boating, and present/past memberships/positions in d organizations) y: (include employer names, positions held, dates, any military service)

ner Items of Inter	rest: (i.e.: profe	essional, business	s, social organiza	tions, etc.)	

Send completed application forms and any support materials to:

Executive Director
National Boating Safety Advisory Council
Commandant (G-PCB-1)
U.S. Coast Guard Headquarters
2100 2nd Street, SW
Washington, D.C. 20593-0001