



VESSEL REGISTRATION REQUEST



APPLICATION FEE - Please Check One:
 Shuttle \$5 Starship/Station \$10

Shuttle Information		Starship/Station Information	
Shuttle Name		Starship/Station Name	
Shuttle NCC Number		Starship/Station NCC Number	
Support Ship		Type/Class:	
Chapter Type (Please Check One) <input type="checkbox"/> Meeting <input type="checkbox"/> Correspondence <input type="checkbox"/> Armed Service			
Commanding Officer (Rank, Name, Address, E-Mail & Phone)	Executive Officer (Rank, Name, Address, E-Mail & Phone)	Chapter Address (Address & E-Mail)	
()	()	City of Charter	

LIST STARFLEET MEMBERS BELOW

(Minimum of five members for Shuttles, ten for Starships. No More than two members per Family Membership)

Name	SCC#	Name	SCC#
Address		Address	
Name	SCC#	Name	SCC#
Address		Address	
Name	SCC#	Name	SCC#
Address		Address	
Name	SCC#	Name	SCC#
Address		Address	
Name	SCC#	Name	SCC#
Address		Address	

Authorized Signatures (Must be completed for approval)

Support Ship CO: _____ Date: _____

Regional Coordinator: _____ Date: _____

Director of ShOC: _____ Date: _____

Chief of Ops: _____ Date: _____
(Starships Only)