

PERSONNEL ACTION REQUEST - TERMINATION OF CAP MEMBERSHIP

I. PERSONAL DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL	CAPSN	GRADE	UNIT CHARTER NUMBER
DUTY ASSIGNMENT <i>(If applicable)</i>	WING	UNIT NAME	

The individual listed above is hereby terminated from membership in Civil Air Patrol for the reason(s) indicated below:

II. REASONS FOR TERMINATION OF CADET MEMBERSHIP

<input type="checkbox"/> VOLUNTARY RESIGNATION	<input type="checkbox"/> DROPPED OUT OF SCHOOL
<input type="checkbox"/> MARRIED	<input type="checkbox"/> LACK OF INTEREST <i>(failure to attend three meetings without acceptable excuse)</i>
<input type="checkbox"/> JOINED ARMED FORCES <i>(Include service academics) TRANSFER.</i>	<input type="checkbox"/> MOVED FROM THE AREA, DID NOT REQUEST
<input type="checkbox"/> FAILED TO PROGRESS SATISFACTORILY IN THE CAP CADET PROGRAM	<input type="checkbox"/> MISCONDUCT <i>(Summary of circumstances must be included in section IV below)</i>
<input type="checkbox"/> FAILURE TO MAINTAIN ACCEPTABLE ACADEMIC RECORD IN SCHOOL	

III. REASONS FOR TERMINATION OF SENIOR MEMBERSHIP

<input type="checkbox"/> VOLUNTARY RESIGNATION	
<input type="checkbox"/> TERMINATION FOR CAUSE INDICATED BELOW <i>(Termination for cause must be fully justified in the summary of circumstances of Section IV below):</i>	
<input type="checkbox"/> CONDUCT INVOLVING MORAL TURPITUDE	<input type="checkbox"/> CONDUCT UNBECOMING A MEMBER OF CAP
<input type="checkbox"/> CONVICTION OR FELONY	<input type="checkbox"/> SEPARATION FROM ARMED FORCES WITH OTHER THAN HONORABLE DISCHARGE
<input type="checkbox"/> SERIOUS OR WILLFUL VIOLATION OF CAP REGULATIONS OR DIRECTIVES	<input type="checkbox"/> MAKING A FALSE STATEMENT TO OR CONCERNING CAP
<input type="checkbox"/> HABITUAL FAILURE TO PERFORM DUTY	<input type="checkbox"/> SUBSTANDARD PERFORMANCE OF DUTY OVER EXTENDED PERIOD OF TIME
<input type="checkbox"/> FAILURE TO OBEY RULES, REGULATIONS AND ORDERS OF HIGHER AUTHORITY	<input type="checkbox"/> INSUBORDINATION
<input type="checkbox"/> FINANCIAL IRRESPONSIBILITY	<input type="checkbox"/> ILLITERACY
<input type="checkbox"/> OTHER. <i>(Explain)</i>	

IV. SUMMARY OF CIRCUMSTANCES

(This section must be completed if the member is being terminated for misconduct or cause. If additional space is required, use a piece of plain bond paper).

I certify that this member was notified of his rights to appeal in accordance with CAPR 35-3. If the member exercised his right of appeal, a copy of the approving authority's decision to uphold the termination action must be attached to this form.

NAME AND GRADE OF COMMANDER OR DESIGNATED REPRESENTATIVE	SIGNATURE	DATE
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