APPLICATION FOR SENIOR MEMBERSHIP IN THE CIVIL AIR PATROL (Type or print) (Chaplains must use CAPF 35)						r Numl	per S	Social Security Number			
Last Name, First, Mid	dle Initia	I				Gend	er		Hei	ght	Weight
						Ma	leF	emale			
Blood Type	Date of	Birth (mmm dd yy)		Home Ph	one			Cell Phone			
Mailing Address (Number and Street)				Apt	City	City				State	Zip
E-mail Address (Address may be used to contact you concerning CAP events, special interest items & other membership information)											
Next of Kin (Name and	d Addres	s)					Relat	ionship		Phone Nu	ımber
Member Most Responsible For Your Joining CAP (Optional: For Re				r Recruiting P	Purposes) CAPID			•	Charter Number		
Employed By	mployed By			on Held		Work		k Phone (May we call)		we call yo	vu at work) Yes No
Education (Enter Numb Grade Completed:	per Indicat	ing Year Completed: 9	9 - 20 or	Other)	Degree	Receiv	red F	Professi	ion / 1	eaching	Certificate
Background Informat A. Citizenship 1. Are you a citizen of residence? Yes B. Valid proof of ider U.S. Passport Social Security Other I-9 approv Signature of Reviev C. Arrests/Charges (List on a separate she otherwise stricken frou UCMJ or Captain's M You may exclude min	the Unite No (Notity prov Card Ved docur Write "NC eet, all arm In the cou	flust possess current and independent of the commandar of	nder (ci nent Res Licens presente	gistration red heck item p esident Card e or State Is ed): f age or whe clude all mill ormation ma	ceipt card coresented (I-551) sued ID ether the itary cour	I [Form d): record ts-martin your	I-151 o	ertified of case ha	s bee	nishment (expunged, or Article 15,
D. Prior Military Serv (Write "NONE" if approp	Prior Military Service B		G	rade		Disch		charge Date		Discharg	де Туре
E. Prior CAP Membership (Write "NONE" if appropriate)		Old Charter	Fı	rom		То			Old CAI		PID
Senior Highest G	•	ned:	Cade	t Highest Ca	idet Awa	rd Farn	ed.			1	
Was your membership			_		_		_	etails on	a ser	narate she	et of paper.
In applying for member follows: (a) To permit County background information membership eligibility; (final decision on my eliga privilege and not a riginal privilege and not a riginal formation of the formation of the following statement	ership in CAP to us from any b) that if in gibility, I we ht and CA flust be a	Civil Air Patrol, I here e my Social Security person, corporation, membership eligible will have an opportunit AP's decision on my nuccompanied by FBI	reby ex Number or gove pility is q y to sub nembers	recute the or in my mem ernment age questioned, I omit docume ship eligibilit	ath on the bership rency (loca will be netary evicy) is final.	ne reve ecords I, state, otified a dence of	rse sid as an id or fede and pro	le and u dentifica eral) to b vided the	nders ition n e use e reas	stand and umber and d to deter sons; (c) th	d agree as d to obtain mine hat prior to a
 	A P	F 1 2 3	 								

To be completed by commander or designated representative: I certify that the applicant has been introduced to the Core Values, Ethics Policies, and Safety Policies, and that I have fully reviewed the OATH OF MEMBERSHIP (on reverse) with the potential new member. I further certify that a mentor has been assigned to assist this member in their orientation and training. Membership becomes effective when this application is approved and processed by National Headquarters.									
Charter, Unit Name and Address									
Typed or Print Full Name	Signature		Date						
To help us better serve our members, please tell us how you heard about Civil Air Patrol (check all that apply):									
☐ Air Show ☐ CAP Exhibit ☐ CAP Member ☐ Friend ☐ Radio ☐ Magazine ☐ Television									
☐ Family Member ☐ CAP Website ☐ CAP Volunteer Magazine ☐ Other (please name):									
Voluntary Statistical Information (For Demographic Research Only Not Required For Membership)									
Identification: ☐ White ☐ Afro-American ☐ American Indian ☐ Alaskan Native	☐ Hispanic ☐ Asi	ian 🗌 P	acific Islander						
What CAP Activities Are You Most Interested In?									
☐ AEROSPACE EDUCATION PROGRAM ☐ CADET PROGRAM ☐ EMERGENCY SERVICES									
☐ AEROSPACE EDUCATION INSTRUCTOR ☐ DRIVEI ☐ CADET AEROSPACE OPPORTUNITIES ☐ ENCAN COUNSELOR ☐ FLIGHT ☐ SPEAKER ☐ INSTRI ☐ LEADE ☐ ORIEN	MPMENT STAFF I ENCAMPMENT STAFF JCTOR RSHIP POSITION TATION PILOT AL ACTIVITIES STAFF	COU DISA INST SEA	CK PILOT INTERDRUG PILOT ASTER RELIEF RUCTOR PILOT RCH AND RESCUE GROUND TEAM PILOT DBSERVER/SCANNER IO COMMUNICATIONS						
OATH OF MEMBERSHIP (READ CAREFULLY BEFORE SIGNING)									
I do solemnly swear (or affirm) that:									
I understand membership in the Civil Air Patrol is a privilege, not a right, and that membership is on a year-to-year basis subject to recurring renewal by CAP. I further understand failure to meet membership eligibility criteria will result in automatic termination at any time.									
I voluntarily subscribe to the objectives and purposes of the Civil Air Patrol and agree to be guided by CAP Core Values, Ethics Policies, Constitution & Bylaws, Regulations and all applicable Federal, State, and Local Laws.									
I understand only the Civil Air Patrol corporate officers are authorized to obligate funds, equipment, or services.									
I understand the Civil Air Patrol is not liable for loss or damage to my personal property when operated for or by the Civil Air Patrol. I further understand that safety is critical for the protection of all members and protection of CAP resources. I will at all times follow safe practices and take an active role in safety for myself and others.									
I agree to abide by the decisions of those in authority of the C	civil Air Patrol.								
I certify that all information on this application is presently corre understand I am obligated to notify the Civil Air Patrol if there a form and further understand that failure to report such changes	re any changes pertaining may be grounds for memb	to the information	on on the front of this tion.						
I fully understand that this Oath of Membership is an integral Patrol and that my signature on the form constitutes evidence of this Oath of Membership.									
Signature of Applicant:		Date:							
Witness Signature:	Date:								
Mail completed application package to: National Headquarters, Civil Air Patrol, ATTN: Membership Services, 105 South Hansell Street, Maxwell AFB AL 36112 Checks should be made payable to: National Headquarters Civil Air Patrol									