APPLICATION FOR CADET MEMBERSHIP IN CIVIL AIR PATROL *(Type or print.)*	CHARTER NUMBER PCR-CA-007	SOCIAL SECURITY NUMBER

LAST NAME - FIRST NAME - MIDDLE INITIAL	☐ MALE ☐ FEMALE	HEIGHT	WEIGHT	BLOOD TYPE	DATE OF BIRTH DAY MONTH YEAR

MAILING ADDRESS (Number and Street)	APT	CITY	STATE	ZIP CODE	HOME PHONE ( )

E-mail address (This address may be used to contact you concerning CAP events and other membership information)	CELL PHONE

Parent or Guardian (Name and address)	RELATIONSHIP:
	PHONE: ( )

SCHOOL PRESENTLY ATTENDING (NAME AND ADDRESS) ☐ Check here if Home Schooled	GRADE

MEMBER MOST RESPONSIBLE FOR YOUR JOINING CAP (***OPTIONAL*** *: For recruiting campaign purposes)*

NAME CAPSN CHARTER NUMBER

To help us better serve our members, please tell us how you heard about Civil Air Patrol (check all that apply):

- ☐ Air Show
- ☐ CAP Member
- ☐ Friend
- ☐ Magazine
- ☐ Family Member
- ☐ CAP Exhibit
- ☐ School
- ☐ Radio
- ☐ Television
- ☐ CAP Website
- ☐ *CAP Volunteer Magazine*
- ☐ Other (please name): _____

BACKGROUND INFORMATION:

A. CITIZENSHIP

1) Are you a citizen of the United States? __
2) Are you an alien admitted for permanent residence? __

(Must possess current alien registration receipt card [Form I-151 or I-551]).

B. IDENTIFICATION GROUP

- ☐ WHITE
- ☐ BLACK (NOT OF HISPANIC ORIGIN)
- ☐ HISPANIC
- ☐ ASIAN/PACIFIC ISLANDER
- ☐ AMERICAN INDIAN/ALASKAN NATIVE

C. PRIOR CAP MEMBERSHIP (WRITE "NONE" IF APPROPRIATE) __

Old Charter Number	*Membership Date (From)*	*Membership Date (To)*	*Highest Cadet Award Earned*

I hereby make application for cadet membership in Civil Air Patrol. I pledge that I will serve faithfully in the Civil Air Patrol Cadet Program and that I will attend meetings regularly, participate actively in unit activities, obey my officers, wear my uniform properly, and advance my education and training rapidly to prepare myself to be of service to my community, state, and nation.

APPLICANT SIGNATURE	DATE

This application has my approval. I understand that my child may be flying in CAP aircraft and participating in vigorous outdoor activities. I agree to help support my child's efforts to attend official Civil Air Patrol functions and activities. I understand that if my child receives a free uniform and withdraws from the program during the first year that I assume responsibility for this uniform on behalf of my minor child. For information on how CAP supports parents see cap.gov/parents. I understand if my child receives a free uniform and withdraws from the program during the first year that I assume responsibility for this uniform on behalf of my minor child and the uniform must be returned or replaced.

PRINT PARENT OR LEGAL GUARDIAN FULL NAME	SIGNATURE	DATE

To be completed by commander or designated representative: I certify that the applicant is accepted as a member of Civil Air Patrol subject to approval by higher headquarters with National Headquarters as the final approving authority. Membership becomes effective when this application is processed by National Headquarters and the individual's name appears on the National Headquarters database.

UNIT NAME PCR-CA-007 March Field Composite SQD45, P.O. Box 6351 March ARB 92518

PRINT FULL NAME	SIGNATURE	DATE
David Goude		

A NOTE TO THE NEW CADET

Congratulations on joining Civil Air Patrol! To fly in CAP aircraft and be credited for achievements in the Cadet Program, your application must be processed by CAP National Headquarters. So please rush this application and your check for dues to:

NATIONAL HEADQUARTERS CAP/DP
105 S. HANSELL ST.
MAXWELL AFB AL 36112-6332

HEALTH CERTIFICATE
PARENT'S EVALUATION

The activities in which your child will participate while a member of CAP are generally comparable to those experienced in high school, including physical education activities. To assure the fullest degree of pleasure and success in Civil Air Patrol, the cadet should be healthy, both physically and mentally. If you mark "NO" in all the boxes below, your cadet will be placed in a Physical Fitness Category I, and will not require a physical examination. It you mark "YES" in any box, an examination by a physician is required.

YES	NO	
☐	☐	FREQUENT OR SEVERE HEADACHES
☐	☐	DIZZINESS OR FAINTING SPELLS
☐	☐	UNCONSCIOUSNESS FOR ANY REASON
☐	☐	EYE TROUBLE *(not correctable with glasses)*
☐	☐	HEART TROUBLE
☐	☐	CHRONIC OR RECENT EAR TROUBLE
☐	☐	HIGH OR LOW BLOOD PRESSURE
☐	☐	SIGNIFICANT ABDOMINAL TROUBLE (INCLUDING HERNIA) UNLESS CORRECTED
☐	☐	SUGAR OR ALBUMIN IN URINE
☐	☐	EPILEPSY
☐	☐	MENTAL OR NERVOUS DISORDER
☐	☐	DRUG OR NARCOTIC HABIT
☐	☐	EXCESSIVE DRINKING HABIT
☐	☐	REJECTION FOR LIFE INSURANCE
☐	☐	ASTHMA
☐	☐	ALLERGIES
☐	☐	OTHER LIMITATIONS

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HEALTH OF THE APPLICANT IS AS SHOWN ABOVE.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE

PHYSICIAN'S CERTIFICATE

(Required if "YES" was marked in any box above)

I certify that I have examined the applicant whose name appears hereon and that he/she does not possess physical limitations that would preclude participation in Civil Air Patrol as explained in the above parent's evaluation.

_____ **UNRESTRICTED:** Physically capable of full participation.

_____ **TEMPORARILY RESTRICTED:** Medical condition or injury is temporary in nature.

_____ **PARTIALLY RESTRICTED:** Indefinitely or permanently restricted from a portion of the program.

_____ **PERMANENTLY RESTRICTED:** Medical condition or injury is chronic or permanent in nature and individual is restricted from all Civil Air Patrol physical activities.

PHYSICIAN'S SIGNATURE	DATE

PHYSICIAN'S ADDRESS	PHYSICIAN'S PHONE

Civil Air Patrol Cadet Uniform Program Instructions

This program provides an opportunity for a new cadet to receive, at no cost to the cadet, a basic blue Air Force uniform, provided the unit commander approves the request and funds continue to be available in the program.

Cadets are responsible for purchasing the CAP accessories (name tag, ribbons, grade insignia, hat device, etc.) required for proper wear of the uniform. For CAP accessories, contact Vanguard at 1.800.221.1264.

Free uniform items must be returned (or replaced, if lost or damaged) to the local CAP unit in the event the cadet withdraws from the cadet program within the first year of membership. The parent/guardian assumes the responsibility on behalf of the minor child. The unit commander will make every reasonable effort to retrieve these uniform items. Uniforms received under this program will not be sold, rented or given to anyone other than CAP cadets.

Ordering Instructions

You must use e-Services (www.capnhq.gov) to order your uniform under this Cadet Uniform Program. Once your membership application is processed, you will receive a membership card with your CAPID number. You should use the CAPID to log into e-Services, or you may use your Social Security Number.

Click on the "First time users" link and follow the instructions. Once you have established your account, log into e-Services and look for the "Cadet Uniform" link on the left side.

Click the "Cadet Uniform" link and follow the instructions to order a cadet uniform under this program. If you need help with sizing information, click on the male or female sizing charts. Commanders and Deputy Commander are authorized to input orders on behalf of the cadet.

Important Numbers

To check the status of your Cadet Membership application, contact NHQ CAP/LMM at **1.877.227.9142**.

To check the status of your uniform order, contact the Army Air Force Exchange Service (AAFES) at **1.800.527.2345**. Be prepared to provide your CAPID.

To exchange a uniform item(s), return to:

Lackland Military Clothing Sales Store
1520 Kirkland, Bldg 6659
San Antonio, TX 78236

Questions about your exchange? Call **1.210.674.0190**. You will need to include CAPID, name, address, phone number, and the size(s) you need. Do NOT call this number to check the status of your order (see above)!

Commander's Actions

You are responsible for approving the cadet's order. Log into e-Services and follow the "Cadet Uniform Approval" link in your restricted applications (look at the right side of your screen). Commanders will see a link under the Approvals section of Commander's Corner as well. Uniform orders placed by the commander or deputy commander on behalf of the cadet are automatically approved.

You are responsible for administering this program. As a leader, you can go into e-Services and follow the "Cadet Uniform>>Reports" link in your restricted applications (look at the right side of your screen), to run a Cadet Uniform Program report at least quarterly. This report shows all cadets who should have received a uniform within a year from the date that the report was run. This report can help you as you verify that the cadets received their uniforms or alert you to those who have not. Also, use this report to account for the uniforms as required (see CAPR 67-1 for details). File these reports in the "Pt II" of the Property File.

Questions? Contact NHQ CAP/LGS at **334.953.2945** or email **logeqp@cap.gov**.