SENIOR

APPLICATION FOR SENIOR MEMBERSHIP IN CIVIL AIR PATROL *(Type or print. Chaplains must use CAPF 35.)*	CHARTER NUMBER	SOCIAL SECURITY NUMBER
	CA 007	

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

Email address (This address may be used to contact you concerning CAP events, special interest items and other membership information)

NEXT OF KIN (Name and address)	RELATIONSHIP:
	PHONE: ( )

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

NAME	CAPSN	CHARTER #

EMPLOYED BY	POSITION HELD	WORK PHONE: ( ) MAY WE CALL YOU AT WORK?

EDUCATION (ENTER NUMBER INDICATING YEAR COMPLETED: 9 - 20 or OTHER) GRADE COMPLETED	DEGREE RECEIVED	PROFESSION / TEACHING CERTIFICATE

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

- ☐ Air Show
- ☐ NASCAR Race Program
- ☐ CAP Member
- ☐ Friend
- ☐ Magazine
- ☐ Family Member
- ☐ CAP Exhibit
- ☐ School
- ☐ Radio
- ☐ Television
- ☐ Other (please name):

VOLUNTARY STATISTICAL INFORMATION **(FOR DEMOGRAPHIC RESEARCH ONLY -- NOT REQUIRED FOR MEMBERSHIP)**

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

B: INCOME ☐ $0-$25,000 ☐ $25,001-$50,000 ☐ $50,001-$75,000 ☐ $75,001-$100,000 ☐ OVER $100,000

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. ARRESTS/CHARGES (WRITE "NONE" IF APPROPRIATE) _____

List on a separate sheet, all arrests or charges regardless of age or whether the record in your case has been sealed, expunged, or otherwise stricken from the court records. You must also include all military courts-martial or non-judicial punishment (Article 15, UCMJ or Captain's Mast). Failure to provide all required information may result in your membership application being denied. (**Note:** You may exclude minor traffic violations unless drugs, alcohol or injury were involved.)

C. PRIOR MILITARY SERVICE (WRITE "NONE" IF APPROPRIATE) _____ _____ _____ _____
Branch of Service Grade Discharge Date Discharge Type

D. PRIOR CAP MEMBERSHIP (WRITE "NONE" IF APPROPRIATE)

from to ☐ CADET HIGHEST CADET AWARD EARNED _____
_____ ☐ SENIOR HIGHEST GRADE EARNED _____
Old Charter #

Was your membership nonrenewed or terminated for cause? ____ If yes, provide details on a separate sheet of paper.

In applying for membership in Civil Air Patrol, I hereby execute the oath on the reverse side and understand and agree as follows: **(a)** To permit CAP to use my Social Security Number in my membership records as an identification number and to obtain background information from any person, corporation, or government agency (local, state, or federal) to be used to determine membership eligibility; **(b)** that if my membership eligibility is questioned, I will be notified and provided the reasons; **(c)** that prior to a final decision on my eligibility, I will have an opportunity to submit documentary evidence on my behalf; and **(d)** that CAP membership is a privilege and not a right and CAP's decision on my membership eligibility is final.

APPLICANT SIGNATURE **(Must be accompanied by FBI fingerprint card, FD-258)**	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.

CHARTER, UNIT NAME, AND ADDRESS

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

TYPE OR PRINT FULL NAME	SIGNATURE	DATE
David Goude		

WHAT CAP ACTIVITIES ARE YOU MOST INTERESTED IN?

☐ **AEROSPACE EDUCATION PROGRAM**
- ☐ AEROSPACE EDUCATION OFFICER
- ☐ AEROSPACE EDUCATION INSTRUCTOR
- ☐ CADET AEROSPACE OPPORTUNITIES COUNSELOR
- ☐ SPEAKER

☐ **CADET PROGRAM**
- ☐ DRILL AND CEREMONIES
- ☐ DRIVER
- ☐ ENCAMPMENT STAFF
- ☐ FLIGHT ENCAMPMENT STAFF
- ☐ INSTRUCTOR
- ☐ LEADERSHIP POSITION
- ☐ ORIENTATION PILOT
- ☐ SPECIAL ACTIVITES STAFF

☐ **EMERGENCY SERVICES**
- ☐ CHECK PILOT
- ☐ COUNTERDRUG PILOT
- ☐ DISASTER RELIEF
- ☐ INSTRUCTOR PILOT
- ☐ SEARCH AND RESCUE
  - ☐ GROUND TEAM
  - ☐ PILOT
  - ☐ OBSERVER/SCANNER
- ☐ RADIO COMMUNICATIONS

PLEASE LIST ANY OTHER SKILLS OR INTERESTS YOU HAVE WHICH MIGHT BE HELPFUL TO YOUR CAP UNIT.

OATH OF APPLICATION

(READ CAREFULLY BEFORE SIGNING FRONT OF APPLICATION!)

I do solemnly swear (or affirm) that:

I understand membership in Civil Air Patrol is a privilege, not a right, and that membership is on a year-to-year basis subject to annual renewal by CAP. I further understand failure to meet membership eligibility criteria will result in automatic termination at any time.

I understand only Civil Air Patrol corporate officers are authorized to obligate funds, equipment, or services.

I understand Civil Air Patrol is not liable for loss or damage to my personal property when operated for or by Civil Air Patrol.

I voluntarily subscribe to the objectives and purposes of Civil Air Patrol and agree to be guided by the CAP constitution and Bylaws and comply with CAP rules and regulations as from time to time may be amended or promulgated.

I agree to abide by the decisions of those in authority of Civil Air Patrol

I certify that all the information on this application is presently correct and any false statement may be cause to deny membership. I understand I am obligated to notify Civil Air Patrol if there are any changes to the background information on the front of this form and further understand that failure to report such changes may be grounds for membership termination.

I understand that this Oath of Application is a part of this application for senior membership in Civil Air Patrol and that my signature on the form constitutes evidence of that understanding.