MAIL & PAYMENT INFO | CLEAR FORM

# CIVIL AIR PATROL ADULT MEMBERSHIP APPLICATION

## SECTION I: APPLICANT INFORMATION

**Membership Type** (Check One)

| | | | |
|---|---|---|---|
| ☐ **SENIOR** | ☐ **CADET to SENIOR** | ☐ **CADET SPONSOR*** | ***Relationship to Cadet:** |
| ☐ **PATRON** | ☐ **AEM to SENIOR** | ***Cadet CAPID:** | ***Cadet Name:** |

| **Legal Name** (Last, First, MI, Suffix) | **Charter Number** | **Social Security Number** |
|---|---|---|
| | SER-GA-160 | |

| **Gender** | **Date of Birth** | **Home Phone** | **Cell Phone** | **Email Address** |
|---|---|---|---|---|
| ☐ M ☐ F | | | | |

| **Address 1** | **Address 2** | **City** | **State** | **Zip Code** |
|---|---|---|---|---|
| | | | | |

| **Employer** | **Position/Profession** | **CAP Recruiter Name** | **Recruiter CAP ID** |
|---|---|---|---|
| | | | |

**Race/Ethnicity**

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino or Spanish
- ☐ Native Hawaiian/other Pacific Islander
- ☐ White
- ☐ Two or more races
- ☐ Prefer not to answer

**How did you hear about CAP?**

- ☐ Air Show
- ☐ CAP Exhibit
- ☐ CAP Member
- ☐ *Volunteer* Magazine
- ☐ Family
- ☐ Friend
- ☐ Other

## SECTION II: MEMBERSHIP ELIGIBILITY

### A. Citizenship

Are you a citizen of the United States? ☐ **Yes** ☐ **No***

*If you are not a US Citizen, are you an alien admitted for permanent residence with a Form I-551? ☐ **Yes** ☐ **No**

### B. Criminal Background Information

Have you ever been arrested or charged with a crime? ☐ **Yes*** ☐ **No**

***If Yes**, provide details on all arrests/charges regardless of the date or if the record has been sealed, expunged or otherwise stricken from the court records. **Use additional paper if needed.**

- Include all military courts-martial or non-judicial punishment (Article 15, UCMJ or Captain's Mast).
- Exclude minor traffic violations unless drugs, alcohol or injury were involved.
- Failure to provide all required information may result in your application being denied.

| **Date** *mm/dd/yyyy* | **Arrests/Charges** | **Explanation/Description** | **Outcome/Disposition** |
|---|---|---|---|
| | | | |

### C. Military Service (Use additional paper if needed)

| **Branch** | **Grade** | **Discharge Date or N/A if still active** | **Discharge Type** |
|---|---|---|---|
| | | | |

### D. Former or Current CAP Membership

| **Charter #** | **Membership Dates** | **CAP ID (if known)** |
|---|---|---|
| | | |

Administrative Use Only

## SECTION III. APPLICANT AUTHORIZATION AND OATH OF MEMBERSHIP

**In applying for membership in Civil Air Patrol,**

**I hereby execute the oath below 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, and

c) that prior to a final decision on my eligibility, I will have an opportunity to submit documentary evidence on my behalf,

d) that CAP membership is a privilege and not a right and CAP's decision on my membership eligibility is final.

e) I hereby grant permission to Civil Air Patrol representatives to use my image or likeness in educational, marketing, and public affairs applications. These applications include, but are not limited to, printed and digital publications, websites, videos, and more. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. All negatives, prints, and digital files shall be the property of Civil Air Patrol.

**Oath of Membership**

**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 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 Civil Air Patrol.
- I certify that all information on this application is presently correct and any false statement may be cause to deny membership. I understand I am obligated to notify the Civil Air Patrol if there are any changes pertaining to the information on the front of this form and further understand that failure to report such changes may be grounds for membership termination.
- I fully understand that this Oath of Membership is an integral part of this application for senior membership in the Civil Air Patrol and that my signature on the form constitutes evidence of that understanding and agreement to comply with all contents of this Oath of Membership.

| **Applicant Signature** | **Date** *mm/dd/yyyy* |
|---|---|
| | |

## SECTION IV. CAP COMMANDER OR DESIGNATED REPRESENTATIVE

I certify that the applicant has been introduced to the Core Values, Ethics and Safety Policies, and that I have fully reviewed the Oath of Membership with the applicant. 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 processed by National Headquarters and the individual's name appears in the National Headquarters membership database.

I certify that I have reviewed and validated the applicant's proof of identity (acceptable documents are listed in Attachment 2 of CAPR 39-2).

| **Commander Signature** | **CAP ID** | **Charter Number** |
|---|---|---|
| | | SER-GA-160 |

| **Commander Printed Name** | **Date** *mm/dd/yyyy* |
|---|---|
| Amy Villaume-Auger, Maj | |