SENIOR

APPLICATION FOR SENIOR MEMBERSHIP			CHARTER NUMBER				SOCIAL SECURITY NUMBER	
IN CIVIL AIR PATROL (Type or print. Chaplains must use CAPF 35.)								
LAST NAME - FIRST NAME - MIDDLE INITIAL] MALE FEMALE	HEIGHT	WEIGHT	BLOO	D TYPE	DATE OF BIRTH DAY MONTH YEAR
MAILING ADDRESS (Number and Street)	APT		-			ZI	P CODE	HOME PHONE
		STATE						
Email address (This address may be used to	o contact	you coi	ncerning CA	P events	, special intere	st items	s and othe	r 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								
EDUCATION (ENTER NUMBER INDICATING YE GRADE COMPLETED	LETED:				MAY WE CALL YOU AT WORK? PROFESSION / TEACHING CERTIFICATE			
To help us better serve our memb	pers, ple	ase te	ell us how you heard about Civil Air Patro				Patrol (c	heck all that apply):
	sers, pie			-		• II <i>F</i> AII		nook an that apply).
☐ Air Show ☐ CAP Member			CAP School	Exhibit ol				
			Radio					
Magazine Family Member			Telev					
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A: IDENTIFICATION: UHITE AMERICAN IND			HISPANIC O	RIGIN)	HISPANIC	j.		PACIFIC ISLANDER
	\$25,001-\$			001-\$75,00	00 □ \$75,00 ⁻	1-\$100,0	00 000	VER \$100,000
BACKGROUND INFORMATION								
A. CITIZENSHIP								
1. Are you a citizen of the United States	s?		2. Are y	ou an alie	en admitted for	permai	nent reside	ence?
(Must possess current alien registration receipt card (Form I-151 or I-551).								
B. ARRESTS/CHARGES (WRITE "NONE" List on a separate sheet, all arrests or charges re			/	ecord in vo	ur case has beer	n sealed	expunded	or otherwise stricken from the
court records. You must also include all military	0	0						
information may result in your membership application being denied. (Note: You may exclude minor traffic violations unless drugs, alcohol or injury were								
C. PRIOR MILITARY SERVICE (WRITE "N	NONE IF	APPR	JPRIATE)_	Branch	of Service Gr	ade	Discharg	e Date Discharge Type
D. PRIOR CAP MEMBERSHIP (WRITE "N	NONE" IF	APPR	OPRIATE)				Ū	0 71
from	<u>to</u>		CADE	т ни	GHEST CADE	T AWA	RD EARNI	ED
		-		OR HI	GHEST GRAD	E EAR	NED	
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		-						•
information from any person, corporation, or								
(b) that if my membership eligibility is questi eligibility, I will have an opportunity to submi								
right and CAP's decision on my membership				ing bonan		<i>,</i> , , , , , , , , , , , , , , , , , ,	mooromp	ie a privilogo ana not a
APPLICANT SIGNATURE (Must be accompa	nied by F	BI finge	erprint card	, FD-258)			D	DATE
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								
TYPE OR PRINT FULL NAME		S	IGNATURE				D	DATE
CAP FORM 12, OCT 08 FRONT	PRE	VIOUS	S EDITION	IS WILL	NOT BE USE	ED		OPR/ROUTING: DP

WHAT CAP ACTIVITIES ARE YOU MOST INTERESTED IN?								
AEROSPACE EDUCATION PROGRAM	CADET PROGRAM							
 AEROSPACE EDUCATION OFFICER AEROSPACE EDUCATION INSTRUCTOR CADET AEROSPACE OPPORTUNITIES COUNSELOR SPEAKER 	 DRILL AND CEREMONIES DRIVER ENCAMPMENT STAFF FLIGHT ENCAMPMENT STAFF INSTRUCTOR LEADERSHIP POSITION ORIENTATION PILOT SPECIAL ACTIVITIES STAFF 	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 MEMBERSHIP								
(READ CAREFULLY BEFORE SIGNING)								
I do solemnly swear (or affirm) that:								
I understand membership in the Civil Air Patrol subject to recurring renewal by CAP. I further 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 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 Patrol and that my signature on the form constit contents of this Oath of Membership.								
Signature of Applicant:		Date:						
Witness Signature:		Date:						
CAP FORM 12, OCT 08	REVERSE							
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