



**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 ACTIVITIES 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 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 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_