The Senior Application Checklist
The application is the next page and also is in the squadron files

1. Correct charter number (TX442)? ____
2. Social security number included? ____
3. Complete date of birth (day, month, and year)? ____

NOTE: Be sure that year entered for the DOB is not the current year.

4. At least 18 years old? ____
5. Mailing address: Complete home address? city and state? ZIP code? ____
6. Next of kin? Including complete mailing address? ____
7. Military service:
   Date of discharge? (day, month, and year) ____
   Type of Discharge (Must have been under honorable conditions) ____
8. If any answers other than "yes", are complete details furnished? ____
9. Proof of identity included? (see attachment) Squadron Commander or designee must sign to verify (middle of page 1)
10. Signed and dated by applicant (bottom of page 1)? ____
11. Oath of Membership signed and witnessed (bottom page 2)? ____
12. Signed and dated by unit commander (top page 2)? ____
13. Is the check or money order enclosed with the application ($68)? ____
    Checks should be made payable to: National Headquarters Civil Air Patrol
14. FBI fingerprint card included (CAP card – available in squadron files)? ____
    (NHQ will accept FBI FD258 from Law Enforcement – NHQ adds a rubber stamp)

Mail completed application form and check (cadet or senior) to address on the application form.

Be sure to send a copy of the application to the squadron personnel officer (himebrookrl@totacc.com**)**

APPLICATION FOR SENIOR MEMBERSHIP IN THE CIVIL AIR PATROL (Type or print) (Chaplains must use CAPF 35)	Charter Number	Social Security Number

Last Name, First, Middle Initial	Gender ☐ Male ☐ Female	Height	Weight

Blood Type	Date of Birth *(mmm dd yy)*	Home Phone	Cell Phone

Mailing Address (Number and Street)	Apt	City	State	Zip

E-mail Address *(Address may be used to contact you concerning CAP events, special interest items & other membership information)*

Next of Kin *(Name and Address)*	Relationship	Phone Number

Member Most Responsible For Your Joining CAP *(Optional: For Recruiting Purposes)*	CAPID	Charter Number

Employed By	Position Held	Work Phone (*May we call you at work*) ☐ Yes ☐ No

Education (Enter Number Indicating Year Completed: 9 - 20 or Other) Grade Completed:	Degree Received	Profession / Teaching Certificate

Background Information

A. Citizenship

1. Are you a citizen of the United States? ☐ Yes ☐ No. **2.** Are you an alien admitted for permanent residence? ☐ Yes ☐ No (Must possess current alien registration receipt card [Form I-151 or I-551])

B. Valid proof of identity provided to unit commander (check item presented):

☐ U.S. Passport ☐ Permanent Resident Card (I-551) ☐ Certified copy of Birth Certificate
☐ Social Security Card ☐ Drivers License or State Issued ID
☐ Other I-9 approved documentation (list items presented): _____

Signature of Reviewing Commander: _____

C. 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.)

D. Prior Military Service (Write "NONE" if appropriate)

E. Prior CAP Membership (Write "NONE" if appropriate)

Branch of Service	Grade	Discharge Date	Discharge Type
Old Charter	From	To	Old CAPID

☐ **Senior** Highest Grade Earned: _____ ☐ **Cadet** Highest Cadet Award Earned: _____

Was your membership nonrenewed or terminated for cause? ☐ Yes ☐ No **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

For Administrative Purposes Only

* C A P F 1 2 *

CAPF 12, FEB 14 FRONT PREVIOUS EDITION (SEP 11) MAY BE USED OPR/ROUTING: DP

CAP Commander or Designated Representative

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

Print Commander's Full Name	**Commander's Signature**	**Date**

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

☐ **Air Show** ☐ **CAP Exhibit** ☐ **CAP Member** ☐ **Friend** ☐ **Radio** ☐ **Magazine** ☐ **Television**

☐ **Family Member** ☐ **CAP Website** ☐ **CAP *Volunteer Magazine*** ☐ **Othe**r (please name):

Voluntary Statistical Information (For Demographic Research Only -- Not Required For Membership)

Identification: ☐ White ☐ Afro-American ☐ Hispanic ☐ Asian ☐ Pacific Islander ☐ American Indian ☐ Alaskan Native

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:**

Mail completed application package to: National Headquarters, Civil Air Patrol, ATTN: Membership Services, 105 South Hansell Street, Maxwell AFB AL 36112. Checks should be made payable to: National Headquarters Civil Air Patrol.

CAP FORM 12, FEB 14 REVERSE