


APPLICATION FOR CADET MEMBERSHIP IN CIVIL AIR PATROL

Section I: Applicant Information <i>(Please Type or Print)</i>				
Social Security #	Unit Charter #	Name (Last, First, MI, Suffix)		
Preferred Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date <i>(mm/dd/yy)</i>	Cadet Phone	
			Home	Cell
Cadet Primary Email				
Home Address 1 (Street address, P.O. box)				
Home Address 2 (Apartment, suite, unit, building, floor, etc)				
City			State	Zip
Parent or Guardian First and Last Name		Relationship	Parent Phone	
Parent Email				
Name of School or Indicate "Home Schooled"	Grade	Military Dependant	Prior CAP ID (If applicable)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Citizenship				
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No*				
*If no, are you an alien admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No (*Must possess Form I-151 or I-551)				
Ethnicity (Optional and used for demographic purposes only.)				
Identification: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American				
<input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Two or more races				
How did you hear about CAP? (Optional)				
<input type="checkbox"/> Air Show <input type="checkbox"/> CAP Exhibit <input type="checkbox"/> CAP Member <input type="checkbox"/> School <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> CAP Volunteer Magazine				
<input type="checkbox"/> Other (please name):				
CAP Recruiter First and Last Name				Recruiter ID
 * C A P F 1 5 *				

Section II: Health Status (Completion by Parent/Guardian)

CAP does NOT deny membership due to any health issues, so answer completely and honestly so we can keep your child safe. Cadets participate in vigorous, age-appropriate physical fitness activities. Some of the most common activities are listed below. Please tell us if your child is able to participate in each activity. For each activity please use the following legend to complete the form.

A. No health issues – my child can participate fully.

B. Some health issues – my child can participate with some modifications, or my child will be able to participate once he or she recovers from a temporary health issue.

C. Chronic conditions – my child cannot safely participate in this sort of activity due to long-term health issues.

A	B	C	ACTIVITY	A	B	C	ACTIVITY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calisthenics: push-ups, sit-ups, toe-touches, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hiking or tramping through the woods.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flying in a small aircraft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obstacle courses requiring balance and flexibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball, flag football and low impact sports.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participating in the above activities for a full day, with periodic rest breaks.				

If you answered B or C to one or more of the above, please explain why your child is unable to participate fully. Please tell us about his or her health condition.

Is your child doing something to manage this condition? (Medication, asthma inhaler, insulin, insulin injections, crutches, braces, etc.?) If yes, please explain.

Section III. Honor Statement for the Prospective CAP Cadet	Section IV. Parent/Guardian Authorization
<p>As you apply for membership in the Civil Air Patrol Cadet Corps, please tell us you're serious about being a cadet by reading the statements below and signing the application to indicate that you agree.</p> <p><input type="checkbox"/> I want to be a CAP cadet. I think CAP's for me, and I'm willing to give it a try for one full year.</p> <p><input type="checkbox"/> I'll participate in most weekly squadron meetings and will try to attend one 'Saturday' event per month.</p> <p><input type="checkbox"/> I plan to attend the next 1-week, overnight summer encampment available in my state. <i>Most encampments are 1-week in duration and take place in the summer or during winter vacation. Tuition averages \$200 - \$300. Local leaders will tell you more about the encampment opportunities in your area.</i></p> <p><input type="checkbox"/> If family or school obligations come up, I'll let my local leaders know in advance that I'll be absent from CAP.</p> <p><input type="checkbox"/> I have been assigned a mentor, an experienced cadet who is my #1 source for information on how to succeed in CAP. Or, if I haven't been assigned one, I'm going to ask for one at my next meeting.</p> <p><input type="checkbox"/> I understand that what I get out of CAP depends on what I put into it.</p> <p><input type="checkbox"/> As a symbol of my readiness to enter the CAP Cadet Program, I make the following pledge:</p> <p style="text-align: center;">THE CADET OATH I pledge that I will serve faithfully in the Civil Air Patrol Cadet Program, and that I will attend meetings regularly, participate actively in unit activities, obey my officers, wear my uniform properly, and advance my education and training rapidly to prepare myself to be of service to my community, state and nation.</p>	<p>By signing this application, I agree to the following statements:</p> <p><input type="checkbox"/> I approve my child's membership application for the Civil Air Patrol.</p> <p><input type="checkbox"/> I have personally met with the local CAP leaders and received a basic introduction to CAP. I know CAP policies are available to me through the CAP website, especially the parents' home page, capmembers.com/parents.</p> <p><input type="checkbox"/> I understand my child may be flying in CAP aircraft and participating in vigorous outdoor activities, under the supervision of CAP adult leaders.</p> <p><input type="checkbox"/> I understand that by joining CAP, my child is expected to participate in CAP for a minimum of 1 year. He or she will attend weekly meetings at our local squadron and one special 'Saturday' event per month, on average, but of course school and family obligations take priority over CAP. If we can't participate in an activity, we'll try to let the local leaders know in advance.</p> <p><input type="checkbox"/> I understand that my child is tentatively scheduled to attend the next cadet encampment, which is typically a 7-day, overnight activity conducted in the summer or during school vacation. I will make an effort to support his or her participation at that program. (Information about the next encampment is posted at capmembers.com/encampment as it becomes available. Your local leaders will also be providing more information.)</p> <p><input type="checkbox"/> If CAP provides my child with a uniform, I promise to return that uniform when he or she outgrows it or decides to leave the CAP Program.</p> <p><input type="checkbox"/> If my child takes medication, I understand that CAP requires cadets to be able to self-administer their medicine. CAP's adult leaders will not administer any medications.</p> <p><input type="checkbox"/> I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HEALTH OF THE APPLICANT IS AS INDICATED IN SECTION II.</p>
<p>_____ Prospective Cadet Signature</p> <p>_____ Date</p>	<p>_____ Parent/Legal Guardian Full Name (Please Print)</p> <p>_____ Parent/Legal Guardian Signature</p> <p>_____ Date</p>

Section V. CAP 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.

I certify that that the individual in question has attended three meetings, I have reviewed valid proof of identity, and have met the parent/guardian to ensure the individual has permission to participate and discussed any physical limitations or concerns.

Signature

Date

Printed/Typed First and Last Name

CAP ID

Charter Number or Unit Name

1. You may be able to apply online. Find more information at www.capmembers.com/cadetjoinonline.
2. Please fill out the application completely. Social Security Numbers and Birth Dates are required. Ensure Sections III, IV and V are all signed. Missing information will delay processing.
3. CAP accepts checks (made payable to Civil Air Patrol), money orders and credit cards. Dues amount for your Wing can be found at www.capmembers.com/dues.

Credit cards must include the following information:
 Type of Card (Visa, MasterCard or Discover are all accepted)
 Card Number
 Expiration Date
 Security Code (three digit code on the back of the card)
 Name on Card

4. Send the completed application (**four pages total**) and dues to:

CAP/DP
 105 S. Hansell St. Bldg 714
 Maxwell AFB, AL 36112

If you choose to expedite mailing, FedEx and UPS are recommended. USPS priority mail is first delivered to the Maxwell AFB post office, which can result in delivery delays to NHQ.

Fax: Applications can also be faxed with credit card payment information to 334-953-7771.

5. An automated welcome email will be sent to the primary email address when the application is processed.