CIVIL A	AIR PA	ATROL CA	ADE	T MEN	IBERSHIP	APP	LIC	ATION		
Section I: Applicant Info	rmation	1								
Social Security Number Charter Number				Legal Name (Last, First, MI, Suffix)						
Preferred Name		Gender	Birt	th Date	Home Phone			Cell Phone		
□M□F										
Cadet Email Address										
Address 1						Addr	ess 2	2		
City					State		Zip	Code		
•										
Parent/Guardian Name				Relation	nship to Cadet	P	arent	Phone		
					-					
Parent Email Address										
Name of School or Home S	Schooled	d		Grade	Military Dep	endant	Pr	rior CAP ID (If rejoining)		
					☐ Yes ☐ No			. , , , , , , , , , , , , , , , , , , ,		
Citizenship										
Are you a citizen of the Unite *If you are not a US Citizen,				or permar	nent residence w	vith a Fo	orm I-	551?		
Race/Ethnicity										
☐ American Indian/Alaskan Native ☐ Hispanic/							Two or more races			
					acific Islander	Prefer not to answer				
☐ Black/African American		☐ White/Ca	aucas	ian						
How did you hear about CA		·· (AOE)								
☐ Aerospace Connections in Education (ACE) ☐ Air Show			☐ Friend☐ Family Member							
☐ CAP Exhibit			School							
☐ CAP Exhibit			☐ CAP <i>Volunteer</i> Magazine							
☐ EAA Young Eagles				Other						
CAP Recruiter Name							Re	ecruiter CAP ID		
* C A P F	1	5 *								

			: Financial Need for First Uniforms is not required. If no option is selected, the default will be	the .	3 rd F	Priorit	'y.
			rity Cadets (\$175) My family has a real need for ass below	sista	nce	bec	ause we meet at least one of the
	a) (Our	family has received assistance from SNAP, WIC, TANF	, or I	HUE) pub	olic housing program in the past 12 months.
	b) I	qua	alify to receive Free or Reduced School Lunch.				
	c) [Иу р	arent or guardian has received unemployment bene	fits	duri	ng th	ne last 12 months.
	d) A	A pa	rent, guardian, or sibling receives Social Security dis	sabil	ity b	ene	fits.
			ority Cadets (\$125). My family has limited resource riteria below.	s. F	ina	ncial	support would help because we meet one
	a) C	Our f	amily has two or more cadets enrolled in CAP.				
	b) C	Our f	amily has a combined income of <\$80,000.				
			rity Cadets (\$75). Although none of the above criteria. If no priority is selected, 3 rd priority will be the defa				family has experienced financial challenges
		orm	t (\$0). We will utilize squadron supply and purchase financial support and by handling these expenses o				
Se	ctic	n II	I: Health Status (Completion by Parent/Guar	dia	n)		
chi act the A. B. he	ld s ivitie foll No l Son or s	afe. es ar owir heal ne h	NOT deny membership due to any health issues, so Cadets participate in vigorous, age-appropriate place listed below. Please tell us if your child is able to place legend to complete the form. th issues – my child can participate fully. ealth issues – my child can participate with some mecovers from a temporary health issue. conditions – my child cannot safely participate in the conditions in the conditions in the cannot safely participate in the cannot safely participate.	nysio partio	cal f cipa	fitnes te in	ss activities. Some of the most common each activity. For each activity, please use , or my child will be able to participate once
Δ.	В	С	ACTIVITY	A	В		ACTIVITY
			Calisthenics: push-ups, sit-ups, toe-touches, etc				Hiking or tramping through the woods
			Flying in a small aircraft				Swimming
			Obstacle courses requiring balance and flexibility				Volleyball, flag football and low impact sports
_			Participating in the above activities for a full day, w				
_			vered B or C to one or more of the above, please expus about his or her health condition.	plair	ı wh	у уо	ur child is unable to participate fully.
			ild doing something to manage this condition? (N	Леdi	catio	on, a	asthma inhaler, insulin, insulin injections,
cru	icne	es, D	races, etc.?) If yes, please explain.				

Section IV. Prospective Cadet Honor Statement	Section V. Parent/Guardian Authorization	
As you apply for membership in the Civil Air Patrol Cadet Corps, please tell us you're serious	By signing this application, I agree to the followatements:	lowing
about being a cadet by reading the statements below and signing the application to indicate that you agree.	☐ I approve my child's member application for t Patrol.	the Civil Air
☐ 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. ☐ I'll participate in most weekly squadron meetings and will try to attend one 'Saturday' event per month. ☐ I plan to attend the next 1-week, overnight summer encampment available in my state. 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. ☐ If family or school obligations come up, I'll let my local leaders know in advance that I'll be absent from CAP.	☐ I have personally met with the local CAP lead received a basic introduction to CAP. I know CA available to me through the CAP website, espect parents' home page, capmembers.com/parents. ☐ I understand my child may be flying in CAP a participating in vigorous outdoor activities, undersupervision of CAP adult leaders. ☐ I understand that by joining CAP, my child is participate in CAP for a minimum of 1 year. He can attend weekly meetings at our local squadron are 'Saturday' event per month, on average, but of cand family obligations take priority over CAP. If yearticipate in an activity, we'll try to let the local I advance.	AP policies are cially the aircraft and r the expected to or she will and one special course school we can't leaders know in
☐ 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. ☐ I understand that what I get out of CAP depends on what I put into it. ☐ As a symbol of my readiness to enter the CAP	I understand that my child is tentatively scheethe next cadet encampment, which is typically a overnight activity conducted in the summer or devacation. I will make an effort to support his or hat that program. (Information about the next enceposted at capmembers.com/encampment as it be available. Your local leaders will also be providing information.)	T-day, uring school er participation campment is decomes
Cadet Program, I make the following pledge: THE CADET OATH	☐ If CAP provides my child with a uniform, I prothat uniform when he or she outgrows it or decided.	
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.	CAP Program. If my child takes medication, I understand the cadets to be able to self-administer their medicine leaders will not administer any medications. I, as the parent/guardian of the child named application, hereby grant permission to Civil Air representatives to use my child's image or likeneducational, marketing, and public affairs applications include, but are not limited to, printer publications, websites, videos, and more. I furthe my child's name and identity may be revealed in text or commentary in connection with the image the use of these images without compensation. waive any right to inspect or approve the finished wherein my child's likeness appears. All negative digital files shall be the property of Civil Air Patrola I hereby certify that to the best of my knowled Financial and Health information is correct as in Section II and III.	on this Patrol ess in ations. These ed and digital her agree that h descriptive e(s). I authorize In addition, I d product ves, prints, and ol. dge the
Prospective Cadet Signature	Parent/Guardian Signature	
Date	Parent/Guardian Printed Name	Date

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.

Date
CAP ID

- 1. You may be able to apply online. Find more information at gocivilairpatrol.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 gocivilairpatrol.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. 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.