


APPLICATION FOR CADET MEMBERSHIP IN THE CIVIL AIR PATROL <i>(Type or print)</i>				Charter Number		Social Security Number		
Last Name, First, Middle Initial					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Height	Weight
Blood Type	Date of Birth <i>(mmm dd yy)</i>		Home Phone			Cell Phone		
Mailing Address (Number and Street)			Apt	City		State	Zip	
E-mail Address <i>(Address may be used to contact you concerning CAP events, special interest items & other membership information)</i>								
Parent or Guardian (Name and Address)					Relationship		Phone Number	
School Presently Attending (Name and Address)				Check Here if Home Schooled <input type="checkbox"/>		Grade		
Member Most Responsible For Your Joining CAP <i>(Optional: For Recruiting Purposes)</i>					CAPID		Charter Number	
Background Information								
A. Citizenship								
1. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No. 2. Are you an alien admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> 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):								
<input type="checkbox"/> U.S. Passport		<input type="checkbox"/> Permanent Resident Card (I-551)		<input type="checkbox"/> Certified copy of Birth Certificate				
<input type="checkbox"/> Social Security Card		<input type="checkbox"/> Drivers License or State Issued ID						
<input type="checkbox"/> Other I-9 approved documentation (list items presented): _____								
Signature of Reviewing Commander: _____								
C. Prior CAP Membership								
(Write "NONE" if appropriate)								
Old Charter		From		To		Old CAPID	Highest Cadet Award Earned	
I hereby make application for cadet membership in Civil Air Patrol. 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.								
Applicant Signature					Date			
This application has my approval. I understand that my child may be flying in CAP aircraft and participating in vigorous outdoor activities. I agree to help support my child's efforts to attend official Civil Air Patrol functions and activities. I understand that if my child receives a free uniform and withdraws from the program during the first year that I assume responsibility for this uniform on behalf of my minor child. For information on how CAP supports parents see cap.gov/parents. I understand if my child receives a free uniform and withdraws from the program during the first year that I assume responsibility for this uniform on behalf of my minor child and the uniform must be returned or replaced.								
Parent or Legal Guardian Full Name				Signature			Date	
To be completed by 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.								
Unit Name								
Full Name				Signature			Date	
 * C A P F 1 5 *								

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 School Friend Radio
 Magazine Television Family Member CAP Website CAP Volunteer Magazine
 Other (please name):

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

Identification: White Black(Not of Hispanic Origin) Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native

A NOTE TO THE NEW CADET

Congratulations on joining Civil Air Patrol! To fly in CAP aircraft and be credited for achievements in the Cadet Program, your application must be processed by CAP National Headquarters. So please rush this application and your check for dues to:

**NATIONAL HEADQUARTERS CAP/PMM
105 S. HANSELL ST.
MAXWELL AFB AL 36112-6332**

**HEALTH CERTIFICATE
PARENT'S EVALUATION**

The activities in which your child will participate while a member of CAP are generally comparable to those experienced in high school, including physical education activities. To assure the fullest degree of pleasure and success in Civil Air Patrol, the cadet should be healthy, both physically and mentally. If you mark "NO" in all the boxes below, your cadet will be placed in a Physical Fitness Category I, and will not require a physical examination. If you mark "YES" in any box, an examination by a physician is required.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHES	<input type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE
<input type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input type="checkbox"/>	EPILEPSY
<input type="checkbox"/>	<input type="checkbox"/>	UNCONSCIOUSNESS FOR ANY REASON	<input type="checkbox"/>	<input type="checkbox"/>	MENTAL OR NERVOUS DISORDER
<input type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE <i>(not correctable with glasses)</i>	<input type="checkbox"/>	<input type="checkbox"/>	DRUG OR NARCOTIC HABIT
<input type="checkbox"/>	<input type="checkbox"/>	HEART TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR RECENT EAR TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	REJECTION FOR LIFE INSURANCE
<input type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA
<input type="checkbox"/>	<input type="checkbox"/>	SIGNIFICANT ABDOMINAL TROUBLE (INCLUDING HERNIA) UNLESS CORRECTED	<input type="checkbox"/>	<input type="checkbox"/>	ALLERGIES
			<input type="checkbox"/>	<input type="checkbox"/>	OTHER LIMITATIONS

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HEALTH OF THE APPLICANT IS AS SHOWN ABOVE.

Parent or Legal Guardian Signature	Date
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PHYSICIAN'S CERTIFICATE
(Required if "YES" was marked in any box above)

I certify that I have examined the applicant whose name appears hereon and that he/she does not possess physical limitations that would preclude participation in Civil Air Patrol as explained in the above parent's evaluation.

____ **UNRESTRICTED:** Physically capable of full participation.
____ **TEMPORARILY RESTRICTED:** Medical condition or injury is temporary in nature.
____ **PARTIALLY RESTRICTED:** Indefinitely or permanently restricted from a portion of the program.
____ **PERMANENTLY RESTRICTED:** Medical condition or injury is chronic or permanent in nature and individual is restricted from all Civil Air Patrol physical activities.

Physician' Address	Physician's Signature	Date	Physician's Phone
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