

Application for Legislative Membership in Civil Air Patrol

Personal Information (type or print)

Full Name	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	
Phone Number	
E-mail Address*	

*Used to contact you concerning Civil Air Patrol activities

Legislative Body	<input type="checkbox"/> US Congress <input type="checkbox"/> State Legislature <input type="checkbox"/> Other (<i>please list</i>):
Legislative Position	<input type="checkbox"/> Senator <input type="checkbox"/> Representative <input type="checkbox"/> Chief of Staff <input type="checkbox"/> Other (<i>please list</i>):
Date Appointed/Elected/Hired	
Area of Constituency (District etc.)	

Background Information

a. Prior Military Service (<i>enter "None" if appropriate</i>):		
Branch of Service:	Grade:	
Discharge Date:	Discharge Type:	
b. Prior CAP Membership (<i>enter "None" if appropriate</i>):		
Old Charter:	From:	To:
<input type="checkbox"/> Cadet - Highest Cadet Award Earned:		
<input type="checkbox"/> Senior – Highest Grade Earned:		
c. FAA Rating: <input type="checkbox"/> Private Pilot <input type="checkbox"/> Instrument or Commercial <input type="checkbox"/> CFI/CFII or ATP		

Applicant Signature

(Not required for Senator or Representative)

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To Be Completed By Civil Air Patrol Commander

Charter Number	Charter Name
Grade and Full Name <i>(Please print)</i>	
Signature	
Date	