

## NATIONAL HEADQUARTERS CIVIL AIR PATROL UNITED STATES AIR FORCE AUXILIARY

105 SOUTH HANSELL STREET MAXWELL AIR FORCE BASE, ALABAMA 36112-6332

4 September 2008

## MEMORANDUM FOR ALL CAP UNIT COMMANDERS

FROM: CC

SUBJECT: Changes to CAPR 39-2, CAP Membership

- 1. The National Executive Committee recently approved several changes to the CAP membership process. A revised CAP Form 12 was approved for use beginning 1 October 2008. Any individual applying for senior, patron or cadet sponsor membership effective 1 October 2008 must complete the revised CAP Form 12 that includes an Oath of Membership requiring a specific signature and the signature of a witness. The new application form also requires the squadron commander to certify that the applicant has been introduced to CAP's core values, ethics policy and safety policies of the organization as well as assigned a mentor. The new form has been posted on the Forms and Publications page of the CAP website. Previous editions of this form will not be accepted after 1 October 2008.
- 2. Additionally, current members due to renew their membership after 1 October 2008 will be required to reconfirm their adherence to the Oath upon their membership renewal. Members renewing online will be able to electronically record their confirmation of the Oath, others will acknowledge compliance on the renewal form. Members who fail to affirm the Oath will be unable to renew.
- 3. A new application form, CAP Form 12L, for State Legislative members was also approved. Individuals applying for state legislative membership in CAP must use this form after 1 October 2008. The form is posted on the Forms and Publications page on the CAP website.
- 4. Each year wings and regions are given an opportunity to adjust their dues concurrent with the beginning of the new fiscal year. This year two regions and 13 wings have changed their dues. Renewal notices for those members due to renew in October 2008 contain these new amounts. New membership applications submitted on or after 1 October 2008 must contain the appropriate amount listed on the attached FY09 Dues Chart.

- 5. A change to the requirement to complete 50 years of continuous service in Civil Air Patrol to qualify for the fifty-year free membership was also approved. Individuals who have a total of 50 years of service, not necessarily continuous, are now eligible for the fifty-year free membership. The wing commander is still required to submit a letter to National Headquarters verifying the 50 years of total service.
- 6. These changes will be incorporated into the next revision of CAPR 39-2, CAP Membership.

AMY S. COURTER Major General, CAP National Commander

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- 1. CAP Form 12, Oct 08
- 2. CAP Form 12L, Oct 08
- 3. FY 09 Dues Chart

## **SENIOR**

APPLICATION FOR SENIOR MEMBERSHIP		IP _	CHARTER NUMBER				SOCI	SOCIAL SECURITY NUMBER	
IN CIVIL AIR PATROL (Type or print. Chaplains must use C	CAPF 35.	.)							
LAST NAME - FIRST NAME - MIDDLE INITIAL			MALE FEMALE	HEIGHT	WEIGHT	BLOOD	TYPE	DATE OF BIRTH DAY MONTH YEAR	
MAILING ADDRESS (Number and Street)	APT	CITY		1		ZIF	CODE	HOME PHONE	
		STATE	<u> </u>						
Email address (This address may be used to	o contact	t you co	oncerning C	AP events,	special intere	est items	and other	r membership information)	
NEXT OF KIN (Name and address)							_	RELATIONSHIP: PHONE: ( )	
MEMBER MOST RESPONSIBLE FOR YOUR JO NAME	INING CA	P (OPTI	ONAL : For re	ecruiting purp	poses)			CHARTER #	
EMPLOYED BY			F	POSITION H	ELD		WORK PHO	ONE: ( )	
EDUCATION (ENTER NUMBER INDICATING YE GRADE COMPLETED	AR COMF	PLETED	: 9 - 20 or OT	HER)	DEGREE RECE			ALL YOU AT WORK? ON / TEACHING CERTIFICATE	
To help us better serve our memb	pers, ple	ease to	ell us how	you hea	rd about Ci	vil Air	Patrol (c	heck all that apply):	
☐ Air Show ☐ CAP Member ☐ Friend ☐ Magazina			Scho						
<ul><li>☐ Magazine</li><li>☐ Family Member</li></ul>			☐ Telev	rision r (please n	ama):				
VOLUNTARY STATISTICAL INFORMATI	ON (FO	R DFM				NOT RE	QUIRED F	FOR MEMBERSHIP)	
	BLACK (	NOT OF	HISPANIC C		☐ HISPANIC			ACIFIC ISLANDER	
<b>B</b> : INCOME	\$25,001-	\$50,000	\$50,0	001-\$75,000	)	1-\$100,00	00 🗆 0/	/ER \$100,000	
A. CITIZENSHIP  1. Are you a citizen of the United States  B. ARRESTS/CHARGES (WRITE "NONE"			(Must p					ence? orm I-151 or I-551).	
B. ARRESTS/CHARGES (WRITE "NONE" List on a separate sheet, all arrests or charges re court records. You must also include all military of information may result in your membership applic involved.)	egardless o courts-mai	of age or rtial or no	whether the ron-judicial pun	ishment (Arti	icle 15, UCMJ o	r Captain	's Mast). Fa	ailure to provide all required	
C. PRIOR MILITARY SERVICE (WRITE "N	NONE" IF	APPR	OPRIATE) _						
D. PRIOR CAP MEMBERSHIP (WRITE "N	NONE" IF	- APPR	OPRIATE)	Branch o	of Service G	rade	Discharge	e Date Discharge Type	
<u>from</u>	<u>to</u>				SHEST CADE				
Old Charter #		_	☐ SENI	OK HIG	SHEST GRAD	ıc EAKI	νΕΝ <u></u>	-	
Was your membership nonrenewed In applying for membership in Civil Air P								te sheet of paper.	
(a) To permit CAP to use my Social Security information from any person, corporation, or (b) that if my membership eligibility, I will have an opportunity to submiright and CAP's decision on my membership	Number government oned, I we t docume	r in my inent ag vill be nentary e	membership ency (local, otified and p evidence on	records a state, or fe provided th	s an identifica ederal) to be u e reasons; <b>(c)</b>	ntion nur used to d that pri	nber and t determine or to a fina	o obtain background membership eligibility; al decision on my	
APPLICANT SIGNATURE (Must be accompa		-		, FD-258)			D	ATE	
To be completed by commander or desi Ethics Polices, and Safety Polices, and tha I further certify that a mentor has been assi when this application is approved and proc	t I have figned to	fully rev assist tl	riewed the C his member	ATH OF M in their orion	<b>IEMBERSHIF</b>	on rev	erse) with	the potential new member.	
CHARTER, UNIT NAME, AND ADDRESS									
TYPE OR PRINT FULL NAME		S	SIGNATURE				D	ATE	
CAP FORM 12, OCT 08 FRONT	PRE	=VIOU	S EDITION	I I IIW 2L	NOT BE USI	FD	· ·	ROUTING: NHQ/MDV	

WHAT CAP ACTIVITIES ARE YOU MOST INTERESTED IN?					
□ AEROSPACE EDUCATION PROGRAM □ AEROSPACE EDUCATION OFFICER □ AEROSPACE EDUCATION INSTRUCTOR □ CADET AEROSPACE OPPORTUNITIES COUNSELOR □ SPEAKER  PLEASE LIST ANY OTHER SKILLS OR INTEREST	CADET PROGRAM  DRILL AND CEREMONIES DRIVER 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			
ОАТН	OF MEMBERSHI	D			
	EFULLY BEFORE SIGNI				
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 off	icers are authorized to obligate fund	s, 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 Patrol and that my signature on the form constitute contents of this Oath of Membership.					
Signature of Applicant:		Date:			
Witness Signature:		Date:			

CAP FORM 12, OCT 08

REVERSE

Application for Legislative Membership in Civil Air Patrol					
Personal Information (type or print)					
Full Name					
Date of Birth	☐ Male ☐ Female				
Mailing Address					
Phone Number					
E-mail Address*					
*Used to contact you conce	erning Civil Air Patrol activities				
Legislative Body	☐ US Congress ☐ State Legislature ☐ Other (please list):				
Legislative Position	Senator Representative Chief of Staff Other (please list):				
Date Appointed/Elected/	Hired				
Area of Constituency (District etc.)					
Background Informa	ation				
a. Prior Military Servic	ce (enter "None" if appropriate):				
Branch of Service:	Grade:				
Discharge Date:	Discharge Date: Discharge Type:				
	hip <i>(enter "None" if appropriate):</i>				
Old Charter: From: To:					
Cadet - Highest Cadet Award Earned:					
☐ Senior – Highest Grade Earned:					
c. FAA Rating:					
Applicant Signature (Not required for Senator or Representative)					
To Be Completed By Civil Air Patrol Commander					
Charter Number	Charter Name				
Grade and Full Name (Please print)					
Signature					
Date					

CIVIL AIR PATROL FORM 12L OCTOBER 2008 OPR/ROUTING: DP

## Corrected Copy FY 2009 MEMBERSHIP DUES (as of 1 Oct 2008)

WING	CADET NEW MEMBERS AND RENEWALS	SENIORS NEW MEMBERS	SENIORS RENEWALS
Alabama	31	62	52
Alaska	27	67	57
Arizona	30	60	50
Arkansas	30	68	58
California	39	88	78
Colorado	37	71	61
Connecticut	36	65	55
Delaware	26	56	46
Florida	45	75	65
Georgia	30	69	59
Hawaii	30	72	62
Idaho	35	71	61
Illinois	34	70	60
Indiana	34	70	60
Iowa	37	70	60
Kansas	31	69	59
Kentucky	34	61	51
Louisiana	30	63	53
Maine	30	60	50
Maryland	30	68	58
Massachusetts	28	62	52
Michigan	34	65	55
Minnesota	33	75	65
Mississippi	30	72	62
Missouri	40	74	64
Montana	29	61	51
Nat'l CAP	27	65	55
Nebraska	30	70	60
Nevada	30	72	62
New Hampshire	26	50	40
New Jersey	39	72	62
New Mexico	30	65	55
New York	32	63	53
North Carolina	30	70	60
North Dakota	31	68	58
Ohio	34	68	58
Oklahoma	32	63	53
Oregon	32	81	71
Pennsylvania	31	62	52
Puerto Rico	30	62	52
Rhode Island	26	59	49
South Carolina	25	54	44
South Dakota	27	58	48
Tennessee	26	64	54
Texas	31	76	66
Utah	32	66	56
Vermont	31	60	50
Virginia	28	54	44
Washington	32	74	64
West Virginia	25	53	43
Wisconsin	34	70	60
Wyoming	27	60	50
NER	21	59	49
MER	27	60	50
GLR	21	59	49
SER		60	50
NCR	26	57	
SWR	20	60	50
RMR		57	47
PACR		62	52