



# Aerospace Education Membership (AEM) Application

**FOR CAP NHQ USE ONLY**  
NAT CC/DESIGNEE: INITIAL / DATE \_\_\_\_\_

Please type or print clearly in black ink

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # (Last 4) \_\_\_\_\_  
 DOB (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_\_\_\_ Race / Ethnicity  
 Address \_\_\_\_\_ Apt / Unit \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime/cell phone \_\_\_\_\_  
 Primary Email (Not School Email) \_\_\_\_\_ Secondary Email \_\_\_\_\_  
 American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Hawaiian Native/Pacific Islander  
 Hispanic/Latino  
 White/Caucasian  
 Two or more races

## BACKGROUND: Required

Are you a citizen of the United States?  Yes  No → If no, are you a permanent resident?  Yes  No  
 **A** Have you ever been convicted of a felony?  Yes  No →  **B** Are you **currently** charged with any felony?  Yes  No  
 Are you currently serving reporting or non-reporting probation?  Yes  No  
 Do you have current or prior military service?  Yes  No → If yes: Type of separation \_\_\_\_\_

EMPLOYMENT	TEACHING LEVEL	SCHOOL / ORG. TYPE	INSTRUCTION AREA
<input type="checkbox"/> Teacher	<input type="checkbox"/> Primary (K-3)	<input type="checkbox"/> Public	<input type="checkbox"/> Aerospace Education
<input type="checkbox"/> Counselor	<input type="checkbox"/> Intermediate (3-6)	<input type="checkbox"/> Private	<input type="checkbox"/> JROTC
<input type="checkbox"/> Principal	<input type="checkbox"/> Middle School (5-9)	<input type="checkbox"/> Parochial	<input type="checkbox"/> Language Arts
<input type="checkbox"/> Superintendent	<input type="checkbox"/> High School (9-12)	<input type="checkbox"/> Charter	<input type="checkbox"/> Math
<input type="checkbox"/> Librarian	<input type="checkbox"/> College	<input type="checkbox"/> Home School	<input type="checkbox"/> Science
<input type="checkbox"/> Museum Educator		<input type="checkbox"/> Library	<input type="checkbox"/> Technology
<input type="checkbox"/> Youth Organization Leader		<input type="checkbox"/> Museum	<input type="checkbox"/> Engineering
<input type="checkbox"/> Other		<input type="checkbox"/> Youth Organization	<input type="checkbox"/> Other
		<input type="checkbox"/> Other	<input type="checkbox"/> Not Applicable

School / Organization Name \_\_\_\_\_  
 → Title 1 School  Yes  No Number of Youth Reached / Taught \_\_\_\_\_

## MEMBERSHIP FEE: \$35.00

CAP Member Recruiter or CAPID (If Known) \_\_\_\_\_  
 AEM Program Code (If Applicable) \_\_\_\_\_

Payment Method:  Check - Payable to Civil Air Patrol NHQ  
 Card - Complete the following information:  
 →  Discover  Master Card  Visa

Card Number \_\_\_\_\_

Expiration Date (MM/YYYY) \_\_\_\_\_ Security Code \_\_\_\_\_ Daytime/cell # (\_\_\_\_\_) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Email \_\_\_\_\_

**SEND TO:**  
**CIVIL AIR PATROL / AE**  
 Aerospace Education Membership  
 105 S. Hansell St.  
 Maxwell AFB, AL 36112-6332  
 FAX: (334) 953-6891  
 EMAIL: ae@capnhq.gov  
 (send scanned, completed application as attachment)



**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE (MM/DD/YYYY)** \_\_\_\_\_

Membership commences on the date processed by National Headquarters and the individual's name appears on the National Headquarters database.