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 _____

DOB (MM/DD/YYYY) ____/____/____ Social Security # (Last 4) ☐☐☐☐ Gender _____

Address _____ Apt / Unit _____

City _____ State _____ Zip _____ Daytime/cell phone (____) _____

Primary Email (Not School Email) _____ Secondary Email _____

Race / Ethnicity
- ☐ 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

Must answer both A & B

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
- ☐ Teacher
- ☐ Counselor
- ☐ Principal
- ☐ Superintendent
- ☐ Librarian
- ☐ Museum Educator
- ☐ Youth Organization Leader
- ☐ Other

TEACHING LEVEL
- ☐ Primary (K-3)
- ☐ Intermediate (3-6)
- ☐ Middle School (5-9)
- ☐ High School (9-12)
- ☐ College

SCHOOL / ORG. TYPE
- ☐ Public
- ☐ Private
- ☐ Parochial
- ☐ Charter
- ☐ Home School
- ☐ Library
- ☐ Museum
- ☐ Youth Organization
- ☐ Other

INSTRUCTION AREA
- ☐ Aerospace Education
- ☐ JROTC
- ☐ Language Arts
- ☐ Math
- ☐ Science
- ☐ Technology
- ☐ Engineering
- ☐ Other
- ☐ Not Applicable

School / Organization Name _____

→ **Title 1 School** ☐ Yes ☐ No **Total # of Youth Reached Annually** _____

MEMBERSHIP FEE: $45.00

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. Bldg 714
Maxwell AFB, AL 36112-6332
OR
EMAIL: aem@capnhq.gov
(send scanned, completed application as attachment)

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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.