



# Aerospace Education Membership (AEM) Application

Please use black ink.

(Please print clearly)

Last Name	First	MI
DOB		Gender
Address		
City	State	Zip Code
Primary E-mail (Not school email)		
Secondary E-mail		
Day Phone		

**BACKGROUND: Yes or No**

- Are you a citizen of the United States? \_\_\_\_\_
- Have you ever been convicted of a felony? \_\_\_\_\_

\*Do you have prior Military Service? \_\_\_\_\_  
If yes:  Retired **OR**  Honorable Discharge

- Are you **currently** charged with any felony? \_\_\_\_\_

**EMPLOYMENT:** \_\_\_ Teacher \_\_\_ Counselor \_\_\_ Principal \_\_\_ Superintendent \_\_\_ Other

**CLASSROOM:** \_\_\_ PreK-Grade 2 \_\_\_ Grades 3-5 \_\_\_ Grades 6-9 \_\_\_ Grades 10-12 \_\_\_ Other

**INSTRUCTIONAL AREA:** \_\_\_ Science \_\_\_ Math \_\_\_ Social Studies \_\_\_ Language Arts  
\_\_\_ Aerospace Education \_\_\_ JROTC \_\_\_ Other \_\_\_ Not Applicable

**SCHOOL NAME:** \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_ **SOCIAL SECURITY NO. (LAST 4)**

--	--	--	--

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

**\$35 MEMBERSHIP DUES \*\***

Select payment option below:

- Check - payable to Civil Air Patrol NHQ
- Credit card - complete the following information:
  - Visa  Master Card  Discover

Arkansas applications send to:  
[jpodgurski@cap.gov](mailto:jpodgurski@cap.gov)

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

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

Signature of credit card holder \_\_\_\_\_

**SEND TO:**  
**CIVIL AIR PATROL / AE**  
 Aerospace Education Membership  
 105 S. H  
 Maxwell  
 FA 1  
 E-mail: [ae@capnhq.gov](mailto:ae@capnhq.gov)  
*(send scanned, completed application as attachment)*

**For CAP NHQ use only!**

NAT CC/DESIGNEE: INITIAL / DATE \_\_\_\_\_

Special Application Number 021507