



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 _____

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	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: **

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

Payment Method: _____ Arkansas Space Grant Consortium

 → Discover Master Card Visa

Card Number _____
 Expiration Date (MM/YYYY) ____ / ____ Security Code _____

Name as it appears on card _____ Email _____

Arkansas applications should be emailed to: jpodgurski@cap.gov
SEND TO:
CIVIL AIR PATROL / AE
 Aerospace Education Membership
 105 S. Hansell St. Bldg 714
 Maxwell AFB, AL 36112-6332
 FAX: (334) 953-6891
 EMAIL: ae@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.