

Guest and Potential New Member Information

Date: _____

Name: _____

Address: _____

City: _____ ST _____ Zip Code _____

eMail address: _____

Telephone: Home _____

Work _____

Mobile _____

Guest of: _____

Former CAP member: Yes No

If yes, when/where: _____

What is your interest in, or how did you learn about the CAP:

Current or former military experience: Yes No

Do you have a general aviation private pilot's license? Yes No Rating: _____

Greeter Name: _____