

MOTIVATION PHASE AGREEMENT

CADET CANDIDATE ACHIEVEMENT

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AIRMAN BASIC

1. CANDIDATE'S LAST NAME, FIRST NAME, MIDDLE NAME		2. CANDIDATE'S SOCIAL SECURITY NUMBER	
3. CANDIDATE'S ADDRESS (STREET NUMBER/PO BOX, CITY, STATE, ZIP)		4. UNIT NAME AND CHARTER NUMBER McChord AFB Composite Squadron PCR-WA-039	
5. TELEPHONE NUMBER		6. UNIT WEBSITE ADDRESS http://www.mcchord.org/	
7. ASSIGNED MENTOR'S NAME AND TELEPHONE NUMBER		8. UNIT MAILING ADDRESS P O BOX 4059 MCCHORD AFB, WA 98438-0059	
9. NAME AND TELEPHONE NUMBER OF DUPTY COMMANDER FOR CADETS Michael W. Moore, Capt, CAP 253-471-2174		10. NAME AND TELEPHONE NUMBER OF SQUADRON COMMANDER David A. Larson, Maj, CAP 206-793-8547	

PROSPECTIVE MEMBER AGREEMENT TO COMPLETE APPLICATION

Statement	Date	Initials
The prospective cadet member named herein intends to complete all requirements for membership candidate application on or before the date indicated. INDICATE DATE ⇒		
9. CANDIDATE'S SIGNATURE	DATE	10. MENTOR'S SIGNATURE AND GRADE
		DATE

APPLICATION REQUIREMENTS

Item	Date	Staff Initials
<input type="checkbox"/> Attend a minimum of three meetings.		
<input type="checkbox"/> Complete CAP Form 15 (Membership Application) with original signatures.		
<input type="checkbox"/> Health certificate, if required (to determine extent of participation in CAP activities).		
<input type="checkbox"/> Membership dues of \$ 31.00 payable to Civil Air Patrol .		

Item	Date	Staff Printed Name and Grade	Staff Signature
Application Reviewed By Membership Board			
Individual Personnel File Created			

APPLICANT HAS COMPLETED THE MOTIVATION PHASE AND IS ELIGIBLE FOR GRADE OF CADET AIRMAN BASIC

SIGNATURE AND GRADE OF CADET COMMANDER	DATE	SIGNATURE AND GRADE OF DEPUTY COMMANDER FOR CADETS	DATE