

PERSONNEL ACTION REQUEST - TERMINATION OF CAP MEMBERSHIP

I. PERSONAL DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL	CAPSN	GRADE	UNIT CHARTER NUMBER
DUTY ASSIGNMENT <i>(If applicable)</i>	WING	UNIT NAME	

The individual listed above is hereby terminated from membership in Civil Air Patrol for the reason(s) indicated below:

II. REASONS FOR TERMINATION OF CADET MEMBERSHIP

- | | |
|---|---|
| <input type="checkbox"/> VOLUNTARY RESIGNATION | <input type="checkbox"/> DROPPED OUT OF SCHOOL |
| <input type="checkbox"/> MARRIED | <input type="checkbox"/> LACK OF INTEREST <i>(failure to attend three meetings without acceptable excuse)</i> |
| <input type="checkbox"/> JOINED ARMED FORCES <i>(Includes service academies)</i> | <input type="checkbox"/> MOVED FROM THE AREA. DID NOT REQUEST TRANSFER. |
| <input type="checkbox"/> FAILED TO PROGRESS SATISFACTORILY IN THE CAP CADET PROGRAM | <input type="checkbox"/> MISCONDUCT. <i>(Summary of circumstances must be included in Section IV below)</i> |
| <input type="checkbox"/> FAILED TO MAINTAIN ACCEPTABLE ACADEMIC RECORD IN SCHOOL | |

III. REASONS FOR TERMINATION OF SENIOR MEMBERSHIP

- | | |
|--|---|
| <input type="checkbox"/> VOLUNTARY RESIGNATION | |
| <input type="checkbox"/> TERMINATION FOR CAUSE INDICATED BELOW <i>(Termination for cause must be fully justified in the summary of circumstances of Section IV below):</i> | |
| <input type="checkbox"/> CONDUCT INVOLVING MORAL TURPITUDE | <input type="checkbox"/> CONDUCT UNBECOMING A MEMBER OF CAP |
| <input type="checkbox"/> CONVICTION OF FELONY | <input type="checkbox"/> SEPARATION FROM ARMED FORCES WITH OTHER THAN HONORABLE DISCHARGE |
| <input type="checkbox"/> SERIOUS OR WILLFUL VIOLATION OF CAP REGULATIONS OR DIRECTIVES | <input type="checkbox"/> MAKING A FALSE STATEMENT TO OR CONCERNING CAP |
| <input type="checkbox"/> HABITUAL FAILURE TO PERFORM DUTY | <input type="checkbox"/> SUBSTANDARD PERFORMANCE OF DUTY OVER EXTENDED PERIOD OF TIME |
| <input type="checkbox"/> FAILURE TO OBEY RULES, REGULATIONS AND ORDERS OF HIGHER AUTHORITY | <input type="checkbox"/> INSUBORDINATION |
| <input type="checkbox"/> FINANCIAL IRRESPONSIBILITY | <input type="checkbox"/> ILLITERACY |
| <input type="checkbox"/> OTHER. <i>(Explain)</i> | |

IV. SUMMARY OF CIRCUMSTANCES

(This section must be completed if the member is being terminated for misconduct or cause. If additional space is required, use a piece of plain bond paper).

I certify that this member was notified of his right of appeal in accordance with CAPR 35-3. If the member exercised his right of appeal, a copy of the approving authority's decision to uphold the termination action must be attached to this form.

NAME AND GRADE OF COMMANDER OR DESIGNATED REPRESENTATIVE	SIGNATURE	DATE
--	-----------	------