



Cape Area Personnel Association 2022 Membership Application

Name _____ Title _____

Company Name _____

Company Mailing Address _____

Work Phone/Ext. _____ Work Fax _____

Email Address _____

(Meeting notices will be sent via email.)

Annual Membership Dues * (January - December 2022) *I wish to join CAPA and have included my membership dues:*

**Reference By-Laws - Article III Membership.*

_____ Regular Membership

\$40.00

_____ Late Enrollment (July 1st or later)

_____ Student Membership

\$15.00

Dues

\$20.00

Professional Information *(Please include for confirmation of eligibility.)*

HR Responsibilities _____

Professional Certifications (such as PHR, SPHR, CPA, CMA, etc.) _____

Member of Society of Human Resource Management (SHRM) _____ Yes _____ No

Other Affiliations (Business, Professional, Community, etc.) _____

I hereby make application for membership into the Cape Area Personnel Association. I pledge to practice and uphold the Code of Ethics of the Association and agree to abide by the By-Laws and to assist in carrying out the objectives of the Association.

Signature

Date

Mail Application and Membership Dues:

(Treasurer may be reached at 573-803-5488)

CAPA Treasurer

Attn: Lydia Sumner

PO Box 873

Cape Girardeau, MO 63702-0873

Fax: 573-803-5494

lsumner@mrvbanks.com

(Make checks payable to CAPA.)