



Cape Area Personnel Association 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 2020) I wish to join CAPA and have included my membership dues:

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

Regular Membership

\$35.00

Late Enrollment (July 1st or later)

Student Membership

\$15.00

Dues

\$17.50

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 573-335-0158 ext. 4434)

CAPA Treasurer

Attn: Todd Cruts

PO Box 873

Cape Girardeau, MO 63702-0873

Fax: 573-986-6212

tcruts@lhcape.com

(Make checks payable to CAPA.)