



# 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 2021)** I wish to join CAPA and have included my membership dues:

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

|                    |         |
|--------------------|---------|
| Regular Membership | \$35.00 |
| Student Membership | \$15.00 |

|   |         |
|---|---------|
| Late Enrollment (July 1st or later)<br>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](mailto:tcruts@lhcape.com)

*(Make checks payable to CAPA.)*