



Cape Area Personnel Association 2025 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 2025) *I wish to join CAPA and have included my membership dues:*

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

_____ Regular Membership Dues	\$50.00
_____ Student Membership	\$15.00
_____ Late Enrollment (July 1st or later)	\$25.00

PREPAID LUNCH OPTION for 2025

**Meals are \$15 each month (8)*

_____ Prepaid Meals for 2025 **\$120.00**

Total reg membership + prepaid meals=\$170.00

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 573-382-0795)

CAPA Treasurer
Attn: Alan Schoen
PO Box 873
Cape Girardeau, MO 63702-0873

Fax: 573-803-5494
capeareapersonnelassociation@gmail.com

(Make checks payable to CAPA.)