

HR Connect (Formerly Cape Area Personnel Association)

2026 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 2026) I wish to join CAPA and have included my membership dues:

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

- ☐ Regular Membership Dues
☐ Student Membership
☐ Late Enrollment (July 1st or later)

\$50.00

\$15.00

\$25.00

PREPAID LUNCH OPTION

**Meals are \$15 each month*

☐

Prepaid Meals for 2026

\$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:

HR Connect Treasurer
Attn: Lydia Sumner
PO Box 5

Cape Girardeau, MO 63702-0873

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

hrconnecttreasurer@gmail.com

(Make checks payable to CAPA.)

HR Connect 2026 Membership

