



# Cape Area Personnel Association 2023 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 2023)** I wish to join CAPA and have included my membership dues:

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

_____ Regular Membership Dues	\$40.00
_____ Student Membership	\$15.00
_____ Late Enrollment (July 1st or later)	\$20.00

**NEW PREPAID LUNCH OPTION for 2023**

*\*Meals are \$12 each month*

\_\_\_\_\_ Prepaid Meals for 2023 **\$84.00**

**Total reg membership + prepaid meals=\$124.00**

**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](mailto:lsumner@mrvbanks.com)

*(Make checks payable to CAPA.)*