

CAPA MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone _____ Office Phone _____

Cell Phone _____

E-mail Address: _____

Greek Affiliation: _____

School: _____

New Member? _____ Yes _____ No

Previous CAPA Member from Prior Year? _____

Annual dues are \$20.00 and payable at the time you join CAPA. If paying by check please make payable to: **CAPA**

To join by mail, please send check and completed form to:

For CAPA use only:

Date Received: _____

Check or Cash attached? _____