

2019 - 2020 CAPA MEMBERSHIP FORM

Name:			
Address:			<u>-</u>
City:		State	Zip
Home Phone	Office Phone		
Cell Phone		_	
E-mail Address:			
Greek Affiliation:			
School:			
New Member?	Yes	No	
Previous CAPA Men	nber from Prior Yea	r?	YesNo
If you have question	s about CAPA mem	nbership, plea	ase contact:
	Amy Pithan, CAl Amy.Pithan@gn (214) 402-9803		ship & Directory Chairman
Annual dues are \$20 please make payable		the time you	ı join CAPA. If paying by check
To join by mail, pleas	se send check and	completed fo	orm to:
	Barb Guzak, CA 722 Penfolds La Coppell, TX 750	ne	∍r
For CAPA use only:			
Date Received:		Check #	Cash