



PROBATION OFFICERS PROFESSIONAL ASSOCIATION OF INDIANA, INC.

POPAI Membership Application

For Year _____

- | | | |
|---|-----------|---------------|
| <input type="checkbox"/> PROBATION OFFICER - \$25 | NEW _____ | RENEWAL _____ |
| <input type="checkbox"/> ASSOCIATE MEMBER - \$10 | NEW _____ | RENEWAL _____ |
| <input type="checkbox"/> INTERN - \$10 | NEW _____ | RENEWAL _____ |
| <input type="checkbox"/> SUPPORT STAFF - \$10 | NEW _____ | RENEWAL _____ |
| <input type="checkbox"/> STUDENT - \$10 | NEW _____ | RENEWAL _____ |
| <input type="checkbox"/> CONTRIBUTING - \$10 | NEW _____ | RENEWAL _____ |
| <input type="checkbox"/> EMERITUS - \$0 | NEW _____ | RENEWAL _____ |
| <input type="checkbox"/> HONORARY - \$0 | NEW _____ | RENEWAL _____ |

NAME _____ TITLE _____

IF RENEWAL, LIST ANY NAME(S) PREVIOUS MEMBERSHIP COULD BE LISTED UNDER _____

WORK ADDRESS _____
Number City State Zip

PROBATION DEPARTMENT & COUNTY _____

OFFICE PHONE _____ EMAIL ADDRESS _____

CERTIFIED P.O.? Y / N YEAR OF CERTIFICATION _____

NOTE: POPAI correspondence will be sent to the email address listed above. If you do not have an email address, correspondence will be sent to your work address unless you specify otherwise.

PLEASE send your Application with personal check, money order, or government claim form to:

**Membership Coordinator, POPAI
P.O. Box 44148
Indianapolis, IN 46244**

Form Revised March 2014