PROBATION OFFICERS PROFESSIONAL ASSOCIATION OF INDIANA, INC.

POPAI **Membership Application**

# For Year \_\_\_\_\_\_

**( ) PROBATION OFFICER - $25 NEW\_\_\_\_\_ RENEWAL\_\_\_\_\_**

**( ) ASSOCIATE MEMBER - $10 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:**

**Susan Rice Membership Coordinator, POPAI**

**c/o Miami County Probation  
 25 Court Street**

**Peru, IN 46970** Form Revised October 2018