



# PROBATION OFFICERS' PROFESSIONAL ASSOCIATION OF INDIANA, INC.

## POP AI Membership Application

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

- |                              |           |               |
|------------------------------|-----------|---------------|
| ( ) PROBATION OFFICER - \$25 | NEW _____ | RENEWAL _____ |
| ( ) ASSOCIATE MEMBER - \$15  | NEW _____ | RENEWAL _____ |
| ( ) INTERN - \$10            | NEW _____ | RENEWAL _____ |
| ( ) SUPPORT STAFF - \$10     | NEW _____ | RENEWAL _____ |
| ( ) STUDENT - \$15           | NEW _____ | RENEWAL _____ |

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

IF RENEWAL, PLEASE LIST ANY ADDITIONAL NAME(S) PREVIOUS MEMBERSHIP  
COULD BE LISTED UNDER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PROBATION DEPARTMENT & COUNTY \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ POPAI DISTRICT \_\_\_\_\_

CERTIFIED P.O.? Y / N YEAR OF CERTIFICATION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

*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 4-18-2011