PROBATION OFFICERS PROFESSIONAL ASSOCIATION OF INDIANA, INC.

Membership Application

( ) 2023 PROBATION OFFICER - $30 **NEW_____** **RENEWAL_____**

( ) 2023 ASSOCIATE MEMBER - $15 **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_____

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 or money order to:

POPAI
P.O. Box 44148
Indianapolis, IN 46244

Form Revised December 2022