



PROBATION OFFICERS PROFESSIONAL ASSOCIATION OF INDIANA, INC.

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 _____

POP.A.I. 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:

POP.A.I.
P.O. Box 44148
Indianapolis, IN 46244