PROBATION OFFICERS PROFESSIONAL ASSOCIATION OF INDIANA, INC.

**Membership Application**

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

**( ) 2022 PROBATION OFFICER - $25 NEW\_\_\_\_\_ RENEWAL\_\_\_\_\_**

**( ) 2022 ASSOCIATE MEMBER - $10 NEW\_\_\_\_\_ RENEWAL\_\_\_\_\_**

**( ) 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 November 2022