



P.O. Box 26821 Richmond, VA 23261
info@capavirginia.org | www.capavirginia.org

CAPA Membership Application

☐ New Application ☐ Renewal Form

Name: _____

Title: _____

Entity/Agency: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Former CAPA Member: ☐ Yes ☐ No If yes, when was your last year as CAPA member: _____

Affiliations: ☐ NIGP ☐ VAGP ☐ Other (Please Specify) _____

Professional Certification(s): Please Select your Certifications:

☐ CPPO ☐ CPPB ☐ CPM ☐ VCM ☐ VCO ☐ VCA ☐ VCCO

☐ Other (Please Specify) _____

Type of Membership:

- ☐ Individual: \$40.00 per person (if a NIGP Registered Member)
- ☐ Individual: \$45.00 per person (if a Non-NIGP Registered Member)
- ☐ Student: No Membership Dues (Submit a Copy of Student ID or Proof of Enrollment)
- ☐ Retired: No Membership Dues (Lifetime Membership)

Membership Classification:

- ☐ Board Approved
- ☐ State Public Body
- ☐ Local Public Body
- ☐ Student
- ☐ Retiree

Are you interested in serving on a Committee?

☐ Social ☐ Social Media/Technology ☐ Education ☐ Fall Conference ☐ Membership ☐ Nominating ☐ Sponsorship ☐ Sales

Please make check or money order payable to CAPA:

Mail payment to: CAPA Treasurer
PO Box #1411
700 E. Main St.
Richmond, VA 23219

This is for mail requests only, you can visit website and apply online. www.capavirginia.org