



P.O. Box 2235 Chester, VA 23831
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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
P.O. Box 2235
Chester, VA 23831

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