



CAPA Membership Application

Name: _____

Title: _____

Entity: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Professional Certification(s): _____

Type of Membership

- Individuals - \$30.00 per person (if NIGP member)
(Please complete a membership application for each individual)
- Individuals - \$35.00 per person (if not NIGP member)
(Please complete a membership application for each individual)
- Retired – No Dues Fee

Please make check payable to: CAPA; CAPA's FIN # is 54-2029932

Mail check to: CAPA Treasurer
 P.O. Box 26821
 Richmond, VA 23261

Are you a member of the National Institute of Governmental Purchasing (NIGP)?

- Yes
- No
- No, but please send me information on NIGP

CAPA is a Chapter of

