SCAPA
SCAPAONLINE.ORG

Membership Form

Please Print Legibly

Last Name: _____

First Name: _____

Personal Telephone Number: _____

Personal Email: _____

Personal PO Box or Street Address: _____

City: _____

Zip: _____

Classification: _____

Department: _____

Mail Code: _____

Are you interested in assisting with Association duties or committees? Yes No

I am interested in being a steward Yes No

I am interested in being a member at large Yes No

Specify other area of interest: