

Membership Form

Date: _____

_____ New Membership _____ Renewal Membership (Please check only one)

Division: 1 2 3 4 (Please circle appropriate Division)

Name: _____
(Please make note of any name change due to marriage, divorce or etc.)

Staff ID: _____ Job Title: _____

Work Address: _____ City: _____

County: _____ Zip Code: _____ Work Phone: () _____-_____

Courier # _____-_____-_____
If in Wake County, please include RCC # and/or MSC # for Courier Service: _____

Home Address: _____

City: _____ Zip Code: _____ Home Phone: () _____-_____

Personal Email Address: _____
(For use when you retire or otherwise leave the agency, so we can keep in touch with you)

Please fill in all information that applies to you on this form.

(Please check only one)

_____ Professional Dues: \$35.00 yearly
(all active and retired criminal justice professionals)

_____ *******Professional Membership: 3 years for \$90.00 *******

_____ Student Dues: \$20.00 Yearly
(all students not employed in criminal justice)

Make checks payable to:
North Carolina Probation and Parole Association (NCPA)
And mail to:
P. O. Box 18925
Raleigh, NC 27619

Or to pay by credit/debit card:

Mastercard/Visa # _____ Expiration date: ____/____

Signature (cardholder must sign for dues to be applied to a credit card)

Note: You may copy this form for friends and co-workers to use as well.