

MEMBERSHIP FORM

Date: _____

Membership Type (Please check only one):

New Membership	
Membership Renewal	
Updated Member Information	

Division (*Please check only one*):

Division 1
Division 2
Division 3
Division 4

Member Contact Information:

Name:		Staff ID:	
City:	Zip Code:	County:	
Courier/RCC/MSC #:	Work Phone:		
Work Email:			
Home Address:			
City:	Zip Code:	Home Phone:	
Personal Email:			

(If you are soon to be and/or are retired, please ensure you fill out this information to continue getting updates from NCPPA)

Please select only one option below:

\$50.00	Professional Yearly Dues (All active and retired Criminal Justice professionals)	
\$120.00	Professional 3-Year Membership (Save \$30.00!)	
\$20.00	Employees within their First Year of Employment	
\$20.00	Student Membership Dues (All students not employed in Criminal Justice)	

Payment Options:

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

Credit/Debit Card:	
Mastercard/Visa #:	Exp:
Card Holder Signature:	(must sign for dues to be applied to CC)

□ Cash App: \$NCPPA