CAPS Annual Membership Form-Agency

Date:		
Email:		
Organization:		
Address:	City:	Zip:
Phone:		

Level II Agency New/Renew Membership: \$20/ per person

NOTE: All membership renewals are due by February 25th, 2022

Submit this form with payment to: Allison Heemer, CAPS Treasurer, <u>aheemer@douglas.co.us</u> AND to Lindsay Kelly, CAPS Secretary, at <u>lkelly@weldgov.com</u> (form only)

Make checks payable to: Colorado Association of Pretrial Services- CAPS PO Box 40591, Denver, CO 80204 OR pay online at <u>www.capscolorado.org</u> (located under the Membership tap-PayPal Payments)

Level II Membership: Pretrial and Diversion Professionals (Employees of County, State, or Federally operated Pretrial and Diversion Services Departments):

Benefits:

- Right to run for and hold Executive Committee Office
- Right to elect Executive Committee Officers
- Right to nominate Level I Members for Executive Committee elections
- Opportunity to attend Executive Committee meetings and provide feedback to the Executive Committee
- Eligibility for training scholarship funds to attend the annual NAPSA Conference
- Right to attend all trainings
- Training certificates

If one of your staff members you are registering is interested in participating on a subcommittee, please select which subcommittee they are interested in next to their name on the below form.



ASSÓCÍATION COLOŔ Pretrial Services Name: Email: ____ Accreditation Subcommittee _____ Training Subcommittee Name: Email: ____ Accreditation Subcommittee _____ Training Subcommittee Email: Name: ____ Accreditation Subcommittee _____ Training Subcommittee Email: Name: Accreditation Subcommittee Training Subcommittee Email: Name: ____ Accreditation Subcommittee _____ Training Subcommittee Email: Name: ____ Accreditation Subcommittee _____ Training Subcommittee Name: Email: ____ Accreditation Subcommittee _____ Training Subcommittee Name: Email: ____ Accreditation Subcommittee _____ Training Subcommittee Name: Email: ____ Accreditation Subcommittee _____ Training Subcommittee Email: Name: ____ Accreditation Subcommittee _____ Training Subcommittee Email: Name:

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