



Colorado Activity Professionals' Association
Membership Form

Revised 11/10/2021

Web/Memb

PLEASE CIRCLE ONE **Renewal** **New** if you are a new member we would like to know who referred you to CAPA: _____ or how did you learn about us: _____

Please print legibly. Complete form and mail with payment to the address at the bottom of the page, or to pay with a credit card go to the CAPA Website: www.thecapa.org and click on the JOIN CAPA link, complete and submit the digital form, then enter credit card information for payment.

The information requested on this form is for use by CAPA State Board and Chapter officers to notify members of meetings and educational opportunities [annual NAP Day workshop (January) and CAPA conference (June)] Information will be published on the members' only section of the CAPA website www.thecapa.org.

If you do not want your information and/or photo published on the website and other publications please initial here _____, Note: Your image may appear in group photos; therefore, you are responsible for removing yourself from group photos

Your personal address will be used as primary address unless you prefer to use your work place as primary address please **initial** here _____. Keep in mind that if you should change jobs your mail will probably not be forwarded. As a CAPA member what SEB and/or Chapter positions do you hold? _____

Today's Date _____ MEMBERSHIP # if renewal _____

PERSONAL INFORMATION where you live

COMPANY INFORMATION where you work

<p>_____ First Name</p> <p>_____ Last Name</p> <p>_____ Address</p> <p>_____ City State Zip</p> <p>_____ Home Phone</p> <p>_____ Personal Cell</p> <p>_____ Preferred E-mail</p> <p>_____ Alternant E-mail</p>	<p>_____ Company name</p> <p>_____ Address</p> <p>_____ City State Zip</p> <p>_____ Work Phone</p> <p>_____ Work Fax</p> <p>_____ Job Title</p> <p>_____ Certification</p>
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Chapter: Denver Metro _____ Eastern _____ Northeastern _____
Northern _____ Southern _____ Western Slope _____

Type Membership: Individual \$35____ Alumni \$25____ Student \$20____ 1 Yr. only, must renew as Individual after 1 year.

Make check payable to: CAPA and mail with this form to:

CAPA Membership Chair
Breanna Isringhausen AAP-BC
1800 Main St Apt A1
Grand Junction CO 81501
Breisinghausen@outlook.com
Cell # 719-248-5846

For Office Use Only:
Received _____
Amount _____
Check # _____
Data Base _____
Card Mailed _____



WHAT is CAPA

“Colorado Activity Professionals’ Association”

The “Colorado Activity Professionals’ Association” (CAPA) is comprised mostly of practicing Activity Professionals’ who work primarily in geriatric settings; Retirement, Assisted Living, Adult Day Programs, Senior Centers, Long Term Nursing and Memory Care Facilities, other health care professional interested in the care and wellbeing of clients are welcome. CAPA is a regional association of Health Care Professionals that draws its members primarily from Colorado although some of our members are from out of state. In addition to practicing Activity Professionals others are Alumni, Students, Volunteers, entertainers

A State Executive Board of officers elected from the regional Chapter Officers governs Colorado Activity Professionals’. Other members of the board include liaison and resource persons and committee chairpersons.

Six geographic chapters have been established throughout Colorado to meet the needs of all activity professionals. (Denver Metro, Eastern, Northeastern, Northern, Southern and Western Slope)

ADVANTAGES OF JOINING CAPA

Peer support through regularly scheduled chapter meetings including educational sessions. Membership card and access to the member’s only section of the official CAPA web site www.thecapa.org.

Membership pins after one year of active service.

CAPA networks with other state/national organizations.

CAPA serves as the link to the National Association of Activity Professionals (NAAP) and was the host for the 1984, 2000 and 2017 NAAP Conferences.

HOW CAN I JOIN CAPA?

You may fill out the form on the back of this sheet and mail a check to the address on the form or use digital form on the CAPA web-site www.thecapa.org under the (**JOIN CAPA**) link and choose a payment option at the end of the form (Personal check, Company check or credit card).