



Colorado Activity Professionals' Association

Revised 07/18/2024

Membership Form

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

Fill out form and send to the address at the bottom of the page. **Please print legibly.** Or to pay with a credit card, go to the CAPA Website: www.thecapa.org and click on the "Join CAPA" button.

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 (October)] 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 workplace as primary address. Home address is suggested. Keep in mind that if you should change jobs, your mail will probably not be forwarded.

Please initial here if you prefer work address _____

Today's Date _____ **MEMBERSHIP #** _____

PERSONAL INFORMATION (Where you live)

Last Name _____ First Name _____ MI _____

Personal/Home Address: Street/P.O. Box _____

City _____ State _____ Zip _____

Home Phone # _____ Cell _____

Primary E-Mail: _____

Alternate E-Mail: _____

FACILITY INFORMATION (Where you work)

Facility _____ Type Facility: _____

Facility Address Street/P.O. Box _____

City _____ State _____ Zip _____

Work Phone # _____ Work Fax # _____

Job Title _____ Type Certification _____

Chapter: Denver Metro _____ Eastern _____ Northeastern _____
Northern _____ Southern _____ Western Slope _____

Type Membership: Individual \$50 _____ Alumni \$35 _____ Student \$20 _____ 1 Yr. only, must renew as Individual after 1 year as student

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

CAPA Membership Chair
Breanna Isringhausen AAP-BC
2959 Cedar Pl
Grand Junction, CO 81504
breisinghausen@outlook.com
Cell # 719-248-5846

For Office Use Only:

Received _____

Amount _____

Check # _____

Data Base _____

Card Mailed _____



WHAT IS CAPA?

The Colorado Activity Professionals' Association (CAPA) is comprised of those professionals who work primarily in geriatric settings: Retirement, Assisted Living, Adult Day Programs, Senior Centers, and Long Term Nursing Facilities.

CAPA is a regional association of Activity Professionals that draws its members primarily from Colorado, although some of our members are from out of state.

In addition to practicing Activity Professionals, other members include Alumni, students, volunteers, entertainers, administrators and supporters.

A State Executive Board of officers and chapter representatives governs CAPA.

Other members of the board include liaison and resource persons and committee chairpersons.

Officers are elected from the chapter representatives.

Six geographic chapters have been established throughout the state 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

Discounts on workshops, NAP Day, and Annual Conference, offering educational opportunities from statewide and nationally-acclaimed professionals

Membership card and access to the member's only section of the CAPA web site

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 submit a check 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 via Pay-Pal).