



## 2017 Membership Application

**Instructions:**

Submit check payment of \$200 along with this completed form to: NACAP  
PO Box 6009  
Phoenix AZ 85005-6009

Completed form may be submitted electronically to [info@nacap.org](mailto:info@nacap.org) followed by payment. Membership will not be effective until payment is received. Questions about membership or payment should be directed to [info@nacap.org](mailto:info@nacap.org). Credit card payments are not accepted.

### Program Information

\* Indicates Required Field

**Name of Address  
Confidentiality Program**

**Name of Program Director  
or Manager**

**Program Mailing Address**

**City** **State**

**Zip Code**

**Program Phone Number**

**Program E-mail Address**

### Primary Contact for NACAP Communications

\* Indicates Required Field

**Contact Name**

**Title**

**Contact E-mail Address**

**Contact Phone Number**

**Choose one:**                      **Payment is enclosed**                      **Payment to follow**

*Submitting this application acknowledges that the applicant understands the program listed on the membership application will be the NACAP member and that NACAP membership eligibility does not extend to any individual person, and that as a NACAP member the program is eligible to appoint one voting representative to cast the member's vote in a NACAP election.*