



Membership Application

New Member Renewal Year donation is intended for: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

- | | |
|---|--|
| <input type="checkbox"/> \$1501+: Corporate Sponsor | <input type="checkbox"/> \$1001- \$1500: Platinum |
| <input type="checkbox"/> \$501-\$1000: Gold | <input type="checkbox"/> \$251-\$500: Silver |
| <input type="checkbox"/> \$101-\$250: Bronze | <input type="checkbox"/> \$1-\$100: Basic Membership |

Yes! I want to be a CAPA Volunteer.
Phone: _____ (w): _____

Please return to:
Child Abuse Prevention and Awareness
20 Care Drive, Suite C
Hillsdale, MI 49242