



**INDIANA ASSOCIATION OF
PREVENTION PROFESSIONALS, INC.
MEMBERSHIP RENEWAL NOTICE**

To renew your membership for IAPP, please update the information on the form below. The form and a **personal check** for \$50.00 membership renewal fee should be sent in by January 31. **A late fee of 25.00 may apply to renewals sent in after the deadline.** If you want to pay by credit card, please visit us on-line at www.preventionprofessionals.org and pay by using Paypal.

For additional information or questions, please feel free to contact Jami Schroeder via phone at 812-232-5190 or IAPP@cfiy.org

Thank you for your interest in IAPP.

Please retain top portion for your records.

MEMBERSHIP FEE MUST ACCOMPANY FORM

Please check box if your information has changed

Name: _____ Member #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail address: _____

Select Program: SIG ROCK DFC LCC Other: _____

Please check box if you paid with Paypal

Please return to: IAPP
Jami Schroeder
Booker T. Washington Community Center
1101 S. 13th Street
Terre Haute, IN 47802