

# Indiana Association Prevention Professionals, Inc.

## IAPP Membership Application

Membership fee must accompany application. Due to IAPP's advocacy role, only Personal checks can be accepted. We are unable to accept checks from non-profit or governmental entities.

**Complete this form and mail to:**  
**Indiana Association of Prevention Professionals**

Jami Schroeder, Director

1101 S. 13<sup>th</sup> St

Terre Haute, IN. 47802

812-232-5190

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

Method of Payment: Prevention Professional Membership — \$50 per year

Check – Payable to IAPP – PERSONAL CHECK ONLY

Paypal—Check Box

Signature: \_\_\_\_\_