

California State Association of Public Administrators, Public Guardians, and Public Conservators

MEMBERSHIP APPLICATION

TO: EXECUTIVE SECRETARY

Please accept this Application and Endorsement as my request for consideration as a Member. My Application is based upon Article III, Section A, Subsection (1), (2), & (3) of the Constitution and By-Laws of the California State Association of Public Administrators, Public Guardians, & Public Conservators. I am applying for the following type of Membership.

PRINCIPAL MEMBER – All Public Administrators, Public Guardians, Public Conservators or other County Officials designated by respective Boards of Supervisors, Councils, or by election to perform the duty of Public Administrator, Public Guardian, or Public Conservator within the respective county shall be eligible for Membership. Or any Chief Assistant, i.e., Chief Deputies, Senior Deputies, Deputies, Assistant, etc., who bear responsibility for the daily operation of the above named offices and are so designated in writing by the Principal, shall be eligible for membership in the Association. Annual Dues are \$150 for each title held (\$150 - \$450).

ASSOCIATE MEMBER – All persons, supervisory or management personnel except first line supervisors by whatever title, i.e., Chief Deputy, Assistant, Deputy, etc., who are employees of the county agencies providing the services of Public Administrators, Public Guardian, Public Conservator and receiving a salary paid by the county or by statutory fees and actively engaged in the profession of estate and case management and investigation functions of Public Administrator, Public Guardian, or Public Conservator, shall be eligible for Associate Membership in the Association. Annual Dues are \$100 (regardless of the number of titles held).

AFFILIATE MEMBER – Excluding persons who qualify as Principal or Associate Members, all employees of the county agencies providing the services of Public Administrator, Public Guardian, or Public Conservator and receiving a salary paid by the county and actively engaged in the functions of Public Administrator, Public Guardian or Public Conservator shall be eligible for Affiliate Membership in the Association. Annual Dues are \$50 (regardless of the number of titles held).

Name:	Phone:
Department:	
Office Address:	
City:	Zip:
County:	Position:
Signature:	Email Address:
Dues: \$	<input type="checkbox"/> Enclosed <input type="checkbox"/> To Be Sent

ENDORSEMENT

As the Public Administrator, Public Guardian, Public Conservator, or other designated principal of the County, I recommend and endorse the application of the above person for Membership in the Association in accordance with the Constitution and By-Laws. I certify that the applicant is employed by the County.

Print Name:	Title:
Signature:	Dated:

Please mail or fax this completed application to the Executive Secretaries: Jonna Windham or Daniel Reilly
P.O. Box 171, Beaumont, CA 92223 Voice: (951) 849-7803 FAX: 951-224-6874
Email: jwindham@capagpc.org or dreilly@capagpc.org

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