

STATE COALITION OF PROBATION ORGANIZATIONS

SCOPO



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Return form to the SCOPO Office

Full/Associate Membership Form

Please check one of the following:

- Application for Full membership
- Application for Associate membership

SECTION 1: MEMBERSHIP AND DUES STRUCTURE

Full Membership

\$3.00 per member per month, up to a cap of 700 members. Full Membership includes eligibility for seats on the Board and the E-Board with the ability to cast a vote, and the ability to request donations.

Associate Membership

No cost. This option is only available to organizations with less than 25 members. Participation in Board meetings is limited to verbal participation only, without the possibility of holding a seat on the Board or E-Board, and without the ability to make donation requests.

SECTION 2: CONTACT INFORMATION

Organization Name: _____

Number of Members: _____

Organization Mailing Address: _____

Organization **Primary** Contact Name: _____

Phone & Email: _____

Alternate Contact Name: _____

Phone & Email: _____

SECTION 3: BILLING AND MAILING ADDRESS

Check box, if the billing address is the same as the mailing address. If the billing address is not the same as the mailing address, please provide it in the Organization Billing Address section below.

Organization Billing Address: _____

Organization **Billing** Contact Name: _____

Phone & Email: _____