



# CAPS Annual Membership Form

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 County/State Department, Agency, Business, School etc: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Level II Renewal CAPS Membership	_____	\$25.00
Level II New CAPS Member	_____	\$25.00
Level I New CAPS Member	_____	\$15.00

Please note that Level II memberships renew annually on **March 31<sup>st</sup>** and  
 Level I Memberships renew on the anniversary of the membership.

**Submit this form along with payment to:** Jesse Masciotro, CAPS Treasurer, Jefferson County Pretrial Services  
 100 Jefferson County Pkwy, Suite 1050, Golden, CO 80419, Phone: (303) 271-6522  
 Make checks payable to: **Colorado Association of Pretrial Services**  
 CAPS' 501(3)c non-profit tax #: 20-2384017

**Level II Membership Pretrial and Diversion Professionals:** Employees of county, state or federally operated pretrial and diversion departments.

Benefits

- Membership certificate
- CAPS Connection Newsletter
- The right to nominate Level II members for Executive Committee elections
- The right to elect Executive Committee Officers
- The right to run for and hold an Executive Committee Office
- The right to attend all non-fee trainings, as well as the annual CAPS Training, at a reduced fee
- The opportunity to attend Executive Committee meetings and provide feedback to the Executive Committee
- Eligibility for training scholarship funds to the annual NAPSA conference

**Level I Membership:** Individuals, students, volunteers, interns, service provider employees: (i.e. treatment providers) and Criminal Justice Professionals not employed in either the Pretrial or Diversion field (i.e. probation, parole, community corrections).

Benefits

- Membership certificate
- CAPS Connection Newsletter
- The right to attend all non-fee trainings and events held by CAPS, as well as the annual CAPS Training
- The opportunity to attend Executive Committee meetings and provide feedback to the executive Committee

**Directory Information: Please indicate the services your agency provides**

- |                             |                              |                          |
|-----------------------------|------------------------------|--------------------------|
| _____ Supervise Defendants  | _____ Mental Health Services | _____ Victim Services    |
| _____ Intensive Supervision | _____ Day Reporting Program  | _____ Drug Testing       |
| _____ Electronic Monitoring | _____ Work with Drug Court   | _____ Bond Commissioners |
| _____ Work with Juveniles   | _____ Courtesy Supervision   |                          |
| _____ Other: _____          |                              |                          |