

CHILD ABUSE PREVENTION COORDINATING COUNCIL OF HUMBOLDT COUNTY (CAPCC) GENERAL MEMBERSHIP APPLICATION

Name (and title):	
Agency Affiliation (if applicable):	·
Business or Home Address:	CITY
ZIP:	
Phone Number: (Work)	(Home)
E-Mail Address:	
YES, I would like to join the CAPCC	
· -	ts and/or qualifications that you might want to share ag Council such as presentations you have done, design etc.
	ng abused and neglected children is qualified to icants shall be admitted to membership upon filling
Corporation's principal office. The list shall member during regular business hours. The	name and address of each member and other ard of Directors. The database shall be kept at the be made available for inspection by any Director or membership list shall not be used in whole or in part related to the stated purpose of the organization.
Either mail the completed form to the address be	low, or email it to capcchumboldt1@outlook.com.
Child Abuse Prevention Coordinating Counc P.O. Box 854, Eureka, CA 95502-0854	
Check here if you are interested in finding generally meets the 4th Friday of every month	č č