Thank you for your active participation as a CAPPA member. Your original application is on file with the Wyoming Department of Health’s Communicable Disease Unit. In an effort to conserve trees, the Membership Committee has combined two items onto one form. All information contained on this application is confidential and will not be available to the general public; however, we request you to complete the following as a *RENEWAL* application or an *EXITING* application.

**LAST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CITY/COUNTY/ZIP CODE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tell us your thoughts regarding what CAPPA is about**, how it has delivered its mission and message, how you have been received while attending CAPPA meetings as well as via correspondence. We are asking your feedback in an attempt to capture what you have seen as effective practices as well as what you have seen that has not been as effective so we may improve or determine its worthwhileness to continue as a practice of CAPPA.

**Please tell us reason/s you would like to renew your CAPPA membership:**

*Revised: 10/2019*