



Delaware Association for Public Administration

Membership Form

(covers membership year Jan. 1–Dec. 31*)

Name _____ Date _____

Title _____

Affiliation/Employer _____

Mailing Address _____

City _____ State _____ Zip Code _____

Office Telephone _____ Home Telephone (optional) _____

E-Mail Address _____

Annual Membership Dues*: \$25.00 (payable to DAPA)

*Dues paid after September 1 cover membership through December 31 of the following year.

Mail to: DAPA Membership Committee
c/o Institute for Public Administration
180 Graham Hall
University of Delaware
Newark, DE 19716-7380

For more information, go to www.dapanet.org or call the Institute for Public Administration at 302-831-8971.

All DAPA members will receive membership roster/contact list for continued networking. If you do not want all of your contact information shared with fellow DAPA members, please check below what information you are willing to share for networking purposes (check all that apply):

_____ Phone _____ E-mail _____ Address

*DAPA dues provide you with membership in the Delaware Chapter of ASPA. If you are interested in learning more about membership in the American Society for Public Administration (ASPA), please visit www.aspanet.org or check here and information will be sent to you. _____

Please help by telling the Membership Committee how you found out about DAPA. _____