



NMPN Organization Membership Application
(Use the back of this form if you need additional space)

Agency Name: _____ Phone#: _____

Address: _____ Fax#: _____

E-mail: _____

Contact Name: _____

1. Please tell us about your agency's prevention background: _____

CERTIFICATION, please circle one that applies to your agency:

There is a CPI (Certified Prevention Intern)	Yes	No
There is a CPS (Certified Prevention Specialist)	Yes	No
There is a SCPS (Senior Certified Prevention Specialist)	Yes	No
How many staff are working towards certification & plan to test in:	6 months	1 year?

Professional Growth:

2. What types of trainings and/or workshops do you feel there is a need for? _____

3. What do you think the role of the NMPN should be in Prevention in the state of New Mexico?

Additional comments, questions, suggestions: _____

Membership Fee: \$200 per Year. Make checks payable to the NMPN. Upon acceptance of your application, you will receive a certificate of membership. Additionally, you will be entitled to all the services and privileges associated with the NMPN including but not limited to voting and executive office elected positions.

[Send checks to: **NMPN...2052 Galisteo Street...Santa Fe, NM 87505**
Attn: Diolinda Roybal]