AJA Industry Affiliate Membership Application



The American Jail Association is a national, nonprofit organization dedicated to serving those who work in and operate our Nation's jails. We provide training and professional development to increase the professionalism in the field and to help jails and detention facilities be safer for both staff and inmates.

Our Industry Affiliate membership is available to companies that provide products and services to jails. By becoming a member, you will be linked to more than 3,200 jails and detentions through advertising, exhibiting, and sponsorship opportunities.

Affiliate members receive

- Up to five copies of American Jails magazine.
- Weekly AJAlert e-newsletter.
- Access to iConnect, AJA's online community/forum.
- Membership certificate.
- AJA pin.
- · Membership card.
- · Affinity Program Discounts
- · Product Services and Resource Guide
- Discount on Booth Space at Conference
- Complimentary Meeting Space at Conference

Fax to 301-790-2941 or e-mail membership@aja.org. For additional information, visit aja.org.

Industry Affiliate Membership—\$100 (private	te nonprofit organization only)		D. 1. 1. 10.
midustry Amiliate Membership—\$100 (private	e, nonpront organization only).		Products/Services
Company:			Choose only three:
Address:		Suite #:	☐ Building/Facilities
City:	State:	 ZIP:	□ Business/Financial
Phone:			Services
Company description (up to 50 words):			☐ Chemicals/Cleaning Supplies/Laundry
			☐ Clothing/Textiles
Primary Contact (to receive all billing and mailing infor Name:	,		□ Communications
Phone:			Computers/Software/ Technology
$\label{thm:control} \mbox{Up to four additional members can be added to account. They will also receive \mbox{\it American Jails} \\ \mbox{\it magazine and our weekly e-newsletter}, \mbox{\it AJAlert}.$			☐ Education/
Name:	Title		Training
Phone:	E-mail:		☐ Food Service
If different address from above:			Management/
Name:	Title		Equipment
Phone:	E-mail:		Furnishings/ Equipment
If different address from above:			Equipment
	Title		☐ Healthcare/Medical
Phone:	E-mail:		☐ Identification/Detection
If different address from above:			— □ Restraints
Name:			
Phone:			☐ Security/Surveillance
If different address from above:			☐ Transportation
Payment Type: ☐ Check ☐ Purchase Order (Payable to the American Jail Association in U.S. func		Card American Express Disc	cover
Card Number:	Expiration	on Date: Veri	ification on Back:
Billing Address:	•		