

# AJA Professional Membership Application



The American Jail Association is a national, non-profit organization dedicated to serving those who work in and operate our Nation's jails. We accomplish this by providing training and professional development, educational resources, personal certification, publications, networking opportunities, and advocacy at State and national levels—all designed to increase professionalism in the field and to help jails and detention facilities be safer for both staff and inmates. Once the application is processed and payment is received, you will receive your New Member packet. \*Memberships are nontransferable and nonrefundable.

- Professional Membership (U.S.) \$60 (For those individuals working in a jail facility) Canadian \$66 International \$78
- Life Member—\$500 (single or 4 installments) Single payment Four Annual payments - \$125
- Student Membership—\$15 (U.S. only) (Available to full-time students not currently employed in the field of corrections—include copy of full-time student ID)
- Retiree Membership—\$36 (U.S. Only)  Subscription to American Jails magazine only—\$88

## Area of Concentration CHOOSE ONLY ONE

- Administration
- Chaplaincy
- Classification
- Food Service
- Human Services
- Inmate Programs
- Intake and Release
- Juvenile
- Law Enforcement
- Medical Care
- Mental Health
- Information Systems/Technology
- Substance Abuse Counselor
- Training
- Volunteer
- Other

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Job Title: \_\_\_\_\_ Certifications: \_\_\_\_\_

Send my magazine and new member packet to: Home Address Work Address

Address: \_\_\_\_\_ Suite/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Facility Name You Work At: \_\_\_\_\_

Facility Address: \_\_\_\_\_

E-mail Address (required) Work: \_\_\_\_\_ Home: \_\_\_\_\_

Referred By: \_\_\_\_\_ His/her Agency is: \_\_\_\_\_

Gender: Male Female Birth Month: \_\_\_\_\_ Year Graduated High School: \_\_\_\_\_

Education: High School Graduate Associate's Degree Bachelor's Degree Master's Degree  Doctorate

Year you entered the field of corrections: \_\_\_\_\_ Rated Capacity of Facility: \_\_\_\_\_

Agency Category: Federal State County Other

Have you previously been a member of AJA? Yes No

How did you learn about AJA? Internet American Jails Magazine Mailing AJA Conference or Training Event  
 AJA Member  Other \_\_\_\_\_

Check here if you do not want to receive pertinent information related to issues covered by AJA from third-party vendors.

Payment Type: Check Purchase Order Credit Card (Circle one) VISA MasterCard American Express Discover  
(Payable to the American Jail Association in U.S. funds drawn on a U.S. bank)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Verification on Back: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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Please remit payment to: American Jail Association, PO Box 65048, Baltimore, MD 21264-5048

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