

AJA Agency 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 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.

Fax to 301-790-2941 or e-mail to membership@aja.org. Once the application is processed and payment is received you will receive a new member packet. * For additional information, visit aja.org.

Please place an "X" next to your agency type of membership:**

Small Agency \$100
(under 100 beds)

Medium Agency \$300
(100-999 beds)

Large Agency \$500
(1000+ beds)

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: _____

Agency Address: _____

Facility Name and Address: _____

E-mail Address (required): _____

I was 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: _____ Rate of Capacity: _____

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 _____

Areas 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

Interests:

- Cars
- Cooking
- Crafting
- Fitness
- Gardening
- Hunting/Fishing
- Music
- Outdoor Recreation
- Photography
- Reading
- Sports
- Traveling
- Other

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: _____

Cardholder Name: _____ Signature: _____

*Membership fee is nonrefundable and nontransferable. **Membership contact information is accessible to AJA staff and other AJA members.

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