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.) \$69 (For those individuals working in a jail facility)	Canadian \$76 International \$90	•
Life Member—\$575 single or 4 installments) (You must qualify as an Individual or Retiree Member) Full Payment 4 Annual Payments (\$143.75) Student Membership—\$15 (U.S. only) (Full-time students not employed in the field of corrections—ID required). Retiree Membership—\$42 (U.S. Only) (Must be retired from the field of Corrections and no longer serving the field in any capacity).	Consultant—\$100 This level applies to those who provide a consulting service to correctional or jail facilities, including but not limited to audits, reviews, and program development. NOTE: This option is for an independent, individual consultant. If you work for a consulting firm as a consultant, you must select a corporate membership. Subscription to American Jails magazine only—\$88 Unsure of your member type? If you're not certain which membership category fits your needs, please contact our Membership Department. We're happy to guide you toward the correct selection and ensure you're getting the most out of your experience.	Area of Concentration CHOOSE ONLY ONE Administration Chaplaincy Classification Food Service
Name:	_Rank:	Consultant
	Certifications:	☐ Human Services☐ Inmate Programs
Send my magazine and new member packet to: Home A		☐ Intake and Release
, ,	Suite/Apt. #:	☐ Juvenile
		□ Law Enforcement□ Medical Care
	Fax:	□ Mental Health
Agency Name:		☐ Information Systems/
		Technology
Facility Name You Work At:		☐ Substance Abuse
Facility Address:		Counselor Training
E-mail Address (required) Work:	Home:	□ Volunteer
Referred By:	His/her Agency is:	□ Other
Gender: Male Female Birth Month:	_Year Graduated High School:	
Education: High SchoolGraduate Associate's Degree Year you entered the field of corrections: 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 □AJA Member □Other □		
Check here if you do not want to receive pertinent inform	nation related to issues covered by AJA from third-party vendors	
Payment Type: Check Purchase Order Cre (Payable to the American Jail Association in U.S. funds draw		an Express Discover
Card Number:	Expiration Date:Verifica	ation on Back:
Billing Address:		
Cardhaldar Nama:	Cignoturo	