

Join ACA Today!

1. Join online at www.aca.org and pay with your credit card.
2. Or, fill out and return the completed application and payment to ACA, ATTN: Membership.

For more information, call 703-224-0115.



Membership Categories *Check one.* ☐ Join ☐ Renew

NOTE: Students and members living outside of the United States will receive Corrections Today electronically.

Professional: (includes Domestic and International members) For those working in corrections, law enforcement or related disciplines serving the corrections industry.

☐ 1 yr. \$35 ☐ 3 yrs. \$99

Academic Professional: For educators.

Additional benefits include a guest-speaker once per semester/session, access to industry specific community in ACA Connections and access to bulk student membership invoicing for enrolled students.

☐ 1 yr. \$99 ☐ 3 yrs. \$279

Retired Professional: For those retired from corrections, law enforcement and related disciplines serving the industry.

☐ 1 yr. \$25 ☐ 3 yrs. \$69

Student: For full-time students not currently working full-time in corrections, law enforcement or related disciplines.

☐ 1 yr. \$10

Lifetime: A one-time payment option for those working in or retired from corrections, law enforcement, or related disciplines serving the industry that want to leave a lasting legacy.

☐ \$499 — *Must call to enroll.*

NOTE: Secure your Lifetime Membership by calling ACA Membership Services Department at 703-224-0015.

Member Personal Information *In order to process your application, all of the fields on this form must be completed.*

Name: _____ Position/Title: _____

Address (home/mailling): _____

City: _____ State: _____ ZIP Code: _____

Country: _____ Phone #: (Check one) ☐ Office ☐ Cell _____

Email (Personal): _____ Email (Work): _____

NOTE: Your printed copy of Corrections Today magazine will be mailed to your residential address.

Member Agency Information

Agency Name: _____ Agency State: _____

Facility Name: _____

Facility Address: _____

Facility City: _____ Facility State: _____ Facility ZIP Code: _____

Facility Country: _____

Area of Concentration: *Choose one.* ☐ Administration ☐ Chaplaincy ☐ Classification ☐ Food Service ☐ Human Services ☐ Inmate Programs
☐ Intake and Release ☐ Juvenile ☐ Law Enforcement ☐ Medical Care ☐ Mental Health ☐ IT ☐ Substance Abuse Counselor ☐ Training
☐ Young Professional ☐ Reentry ☐ Community Corrections ☐ Other: _____

Payment Method *A \$25 fee will be charged for returned checks/electronic transactions.*

Remit payment to: **American Correctional Association • ATTN: Membership • 206 N. Washington St., Suite #200 • Alexandria, VA 22314**

Credit Card: ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA ☐ Check/Purchase Order enclosed, payable to ACA.

Card Number: _____ Exp. Date: ____ / ____ Security Code: _____

Billing Address: _____

Signature: _____ Date: ____ / ____ / ____

SUBMIT