



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.
3. Or, email this form to memberships@aca.org. **For more information, call 1-866-538-1929.**

**AMERICAN
CORRECTIONAL
ASSOCIATION**

Membership Categories *Check one.* Join Renew

U.S. and U.S. Territories Dues

- Professional 1 yr. \$35 3 yrs. \$99
-
- Organizational 1 yr. \$300
-
- Supporting Patron 1 yr. \$350
-
- Associate 1 yr. \$25 *Check one:* Student Retired

International Dues

- Professional 1 yr. \$75 3 yrs. \$215
-
- Organizational 1 yr. \$390
-
- Supporting Patron 1 yr. \$440

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

Name: _____ Position/Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: (Check one) Office Cell _____ Email (Personal): _____

Send my *Corrections Today* magazine and new member packet to: Mailing Address Alternate Address

Alternate Address: _____

Agency Information

Agency Name: _____ Agency State: _____

Facility Name: _____

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

General Information

Gender: Male Female Other/Non-Specific Ethnicity: _____

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

Year you entered the field of corrections: _____ Have you previously been a member of ACA? Yes No

How did you learn about ACA? Internet Mailing ACA Conference/Training Event Referral Other: _____

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: ____ / ____ / ____