

California Juvenile Officers Association Membership Application

Applicant Information

Name:		Position/Title:	
Organization:			
Business Address:			
City:		State:	Zip Code:
Email:			
Work Phone:		Fax:	Cell (optional):

Personal Information (optional)

Home Address:					
City:		State:	Zip Code:		
Email:					

Contact Preferences

Would you like to receive email notification for the following:					
Upcoming Events:	Yes	No	(please circle one)	Newsletters:	Yes No
If yes was answered for either of the above, what email address do you want to receive mail at?					

Referral Information (optional)

Referred by:					
Organization:					

NCJOA Dues Information

Annual Dues: \$25	Please make Checks payable to: SCJOA
Mail to: SCJOA P.O. Box 86122 Los Angeles, CA 90086-0122	