

Central 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: CCJOA			
Mail to: CCJOA P.O. Box 1206 Fresno, CA 93715-1206						