

Southern 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					