



**CANADIAN CRIMINAL JUSTICE ASSOCIATION
AND PROVINCIAL AFFILIATE (where applicable)**

APPLICATION FOR MEMBERSHIP

I WISH TO JOIN AT THE FOLLOWING MEMBERSHIP CATEGORY:

()	Student	\$25 (A copy of your student card is necessary)	()	Patron	\$200
()	Category A	\$60	()	Corporate	\$500
()	Category B	\$135			

**** All fees are designated in Canadian Funds.**

PERSONAL DATA

Mr. () Mrs. () Ms. ()

Name : _____
(Please print)

Address : _____
(Street) (Apt.)

(City) (Province) (Postal Code)

Telephone (Home/ Office) Fax E-mail

I wish to receive all material in: ENGLISH FRENCH

Profession/Occupation: _____

Employer: _____

Field of expertise or field of interest: _____

Are you interested in writing an article related to your field of expertise? YES NO

Are you interested in becoming a member of the following CCJA Committees?

- Policy Review Committee
- Social Issues Committee
- Public Relations and Visibility Committee

PAYMENT

Please make cheque or money order payable to CCJA and mail to:

CANADIAN CRIMINAL JUSTICE ASSOCIATION
320 Parkdale Avenue, Suite 101, Ottawa, Ontario, Canada K1Y 4X9
Tel: (613) 725-3715 – Fax: (613) 725-3720 – E-mail: ccja-acjp@rogers.com – Website: www.ccja-acjp.ca

or by: VISA MASTERCARD AMERICAN EXPRESS

(Card No.) (Expiry Date)

Name on the card (Print)