



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

APPLICATION FOR MEMBERSHIP

I WISH TO ADHERE TO THE FOLLOWING MEMBERSHIP CATEGORY:

<input type="checkbox"/>	Student	\$25	<input type="checkbox"/>	Agency	\$125
<input type="checkbox"/>	Category A	\$60	<input type="checkbox"/>	Patron	\$200
<input type="checkbox"/>	Category B	\$115	<input type="checkbox"/>	Corporate	\$500

**** 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 be interested in becoming a member of the following CCJA Committees?

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

PAYMENT

Payment can be made by cheque or money order payable to and mail to:

CANADIAN CRIMINAL JUSTICE ASSOCIATION
1750 Courtwood Crescent, #308, Ottawa, Ontario, Canada K2C 2B5
Tel: (613) 725-3715 – Fax: (613) 725-3720

or by: VISA MASTERCARD enROUTE AMERICAN EXPRESS

(Card No.) (Expiry Date)

Name on the card (Print)