

American Correctional Association Kansas Correctional Association

MEMBERSHIP APPLICATION

Last Name:

First Name:

Title:				
Agency:				
Address:				
City:	State:	Zip:		
Phone:	Fax:			
Email:				
Membership Categories	<u>1 Year</u>	3 Year	Household**	
Associate	□ \$15			
Professional I	□ \$35	□ \$99	□ \$55	
Professional II	□ \$75	□ \$215	□ \$115	
Executive Gold	□ \$100	□ \$290	□ \$150	
Indicate Payment Type:	□ Check Enclosed	` .	☐ Bill Me (membership will not start until full payment is received	
You will be billed annually in	on payment. Please allow 4 to 6 we the month in which you joined. Pleas on to "On the Line" and \$9.00 goes to	se note that \$3.50 o	f your membership	
	estions about membership, please cont S 66061. Phone: 913-829-3604 or En			