



# SOUTHERN STATES CORRECTIONAL ASSOCIATION MEMBERSHIP APPLICATION

*(please complete and mail (with appropriate payment) to the address shown)*

Renewal  New Membership

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Other Phone:** \_\_\_\_\_

**Daytime Fax:** \_\_\_\_\_

**Daytime Email:** \_\_\_\_\_  
\_\_\_\_\_

**Other Email:** \_\_\_\_\_  
\_\_\_\_\_

**Mail to:**

Ruth West  
Executive Secretary  
P. O. Box 113  
Brandon, MS 39043  
(601) 824-1515

**Check Membership(s):**

- Regular (Annual Dues \$25)  
 Affiliate (Annual Dues \$100)  
 Support Patron (Annual Dues \$150)  
 Dual Membership (Annual Dues \$25)  
 Associate (Annual Dues \$25)

\*Membership Includes one Lapel Pin\*

**Check if Additional Pin Desired:**

- (Additional Pins \$3.50)

**Check one (per section) if it applies to your work:**

- city  county  state  
 federal  private  
 other \_\_\_\_\_

- 
- adult  juvenile

- 
- jail  institutional  parole  
 probation  community center  
 security  caseload supervisor

- aftercare  probation/parole

- care/treatment

- admin./management

- other (list) \_\_\_\_\_