



MEMBERSHIP APPLICATION

Enclosed is Check # _____
in the Amount of \$ _____

Referred by (if applicable): _____

FIRST NAME: _____ LAST NAME: _____

AGENCY/COMPANY NAME: _____ TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

CHECK TYPE OF MEMBERSHIP:

Organizational

Corrections Departments or Agencies and Vendors/Suppliers

1-99 employees, \$350 annual fee

100-499 employees, \$500 annual fee

500-999 employees, \$750 annual fee

1000+ employees, \$1000 annual fee

Professional

\$42 – any professional working in the corrections field

Affiliate

\$42 – any person working or volunteering in a position affiliated with the corrections field

Student/Retiree

\$25 – any student enrolled for nine (9) semester hours at any college or university and not currently employed full time in the field of criminal justice or any person fully retired from the corrections field

Mail to: TCA, 4600 Spicewood Springs Road, Suite 103, Austin, Texas 78759, (512) 346-5820