



VIRGINIA JUVENILE JUSTICE ASSOCIATION

2007-08 Membership Application

Advocating for court-involved children and the professionals who touch their lives since 1966.

First Name	
Last Name	

Application Type	
<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal

Contact Information			
Organization:		Title/Position:	
Address Line 1:		Work Phone:	
Address Line 2:		Home Phone:	
City		Work E-Mail:	
State:	VA	Zip:	
		Home E-Mail:	

Subscription Preference
Please select a delivery method for your subscription to the quarterly publication, the <i>Advocate</i> (included in membership).
<input type="checkbox"/> Please send the electronic newsletter, E-Advocate*, via e-mail <input type="checkbox"/> Send paper copy via postal mail
* If no subscription preference is indicated, you will receive the <i>E-Advocate</i> electronically

Area(s)/Committee(s) of Interest				
<input type="checkbox"/> Child Advocacy	<input type="checkbox"/> Conference Planning	<input type="checkbox"/> Member Recruitment	<input type="checkbox"/> Awards / Recognition	<input type="checkbox"/> Website: Development
<input type="checkbox"/> Volunteerism	<input type="checkbox"/> Conference Staff	<input type="checkbox"/> Member Benefits	<input type="checkbox"/> Profess. Development	<input type="checkbox"/> Publications: Writing
<input type="checkbox"/> Program Standards	<input type="checkbox"/> Conference Faculty	<input type="checkbox"/> Membership Records	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Pub: Proofreading
<input type="checkbox"/> Resource Development	<input type="checkbox"/> Local Event Planning	<input type="checkbox"/> District Leadership	<input type="checkbox"/> Marketing	<input type="checkbox"/> Pub: Photography
<input type="checkbox"/> Best Practice Research	<input type="checkbox"/> Teach Local Training	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Vendor Relations	<input type="checkbox"/> Pub: Layout
<input type="checkbox"/> Lobbying/Legislation	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Clerical Support	<input type="checkbox"/> Pub: Advertising / Sales

Annual Dues
Membership Year: remainder of FY 2007 through June 2008
<input type="checkbox"/> 1 year - \$20 <input type="checkbox"/> 2 years \$40 <input type="checkbox"/> 3 years \$60 <input type="checkbox"/> 4 years \$80 <input type="checkbox"/> 5 years \$100

Donation
I'd like to donate the following amount to the Children's Advocacy Fund
<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$____ (Other)

Print membership application and mail with check (made payable to VJJA) or Pay Pal receipt to: Samantha Higgins, VJJA Membership Chair, c/o 25th District CSU, 150 South Main Street Lexington, VA 24450 ~ (540) 463-5401 membership@vija.org

Select VJJA District (if known)
<input type="checkbox"/> Tidewater <input type="checkbox"/> Capital <input type="checkbox"/> Northern <input type="checkbox"/> Valley <input type="checkbox"/> Blue Ridge <input type="checkbox"/> Southwest