



VIRGINIA JUVENILE JUSTICE ASSOCIATION

2008-09 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:	

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: July 1 – June 30	
<input type="checkbox"/> thru 6/30/2009 \$10	<input type="checkbox"/> 1 ½ years - \$30 (remainder of FY '09 thru 6/30/2010)
<input type="checkbox"/> thru 6/2011 \$40	<input type="checkbox"/> thru 6/2012 \$60

Donation	
I'd like to donate the following amount to the President's 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
 20 S. Randolph Street, Suite 100, Lexington, VA 24450 ~ (540) 463-5401 membership@vja.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