



VIRGINIA JUVENILE JUSTICE ASSOCIATION

An Invitation to Join -- FY 2008-09

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

Dear: _____
(valued colleague's name)

As a member of the Virginia Juvenile Justice Association (VJJA), I was asked to send this membership application to a valued colleague and I picked you! I value my membership in the association and know that you will appreciate all that VJJA has to offer. Join me and others in membership and worthwhile investment in your professional development.

NEW MEMBER'S INFORMATION

(referring member's name)

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 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 South Main Street,
Ste 100, Lexington, VA 24450 ~ (540) 463-5401 membership@vija.org

Select VJJA District (if known)

Tidewater

Capital

Northern

Valley

Blue Ridge

Southwest