



# National Association of Blacks in Criminal Justice

“THE CRIMINAL JUSTICE SOLUTIONS ORGANIZATION”

“COMMITTED TO JUSTICE FOR ALL”

DATE: \_\_\_\_\_

## MEMBERSHIP APPLICATION

Or you can apply online at: [www.nabcj.org](http://www.nabcj.org)

*Please type or print legibly:*

|   |                      |                                      |               |
|---|----------------------|--------------------------------------|---------------|
| Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>                                   |                      | Name: _____                          |               |
| Position of Employment _____  |                      |                                      |               |
| Agency of Employment _____  |                      |                                      |               |
| Mailing Address _____   |                      |                                      |               |
| City _____  |                      | State _____                          | Country _____ |
| Cell Phone _____  | Home Phone ( ) _____ | Work Phone ( ) _____                 | Fax ( ) _____ |
| Home E-mail Address _____   |                      | Work E-mail Address (Optional) _____ |               |
| I choose to <b>OPT IN</b> to receive SMS/Text Messages from NABCJ of NABCJ News, Events, Activities: <input type="checkbox"/> YES <input type="checkbox"/> NO |                      |                                      |               |

### Professional Interest

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Criminal Justice Education and Training | <input type="checkbox"/> Community-Based Corrections | <input type="checkbox"/> Individual Family Support |
| <input type="checkbox"/> Institution-Based Corrections           | <input type="checkbox"/> Judicial Administration     | <input type="checkbox"/> Juvenile Justice          |
| <input type="checkbox"/> Law Enforcement                         | <input type="checkbox"/> Other (Specify) _____       |  |

### Please Tell Us About Yourself

|  |   |  |                                    |
|--|---|--|------------------------------------|
| Month and Day of Birth: _____  | Age Range: <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-49 <input type="checkbox"/> 50-65 <input type="checkbox"/> 66+ |  |                                    |
| Are you employed by <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Private Sector <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (specify) _____ |   |  |                                    |
| Are you a member of ACA? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |  |                                    |
| Have you attended a NABCJ National Conference? <input type="checkbox"/> YES <input type="checkbox"/> NO   NABCJ Local/State Conference? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |  |                                    |
| When did you last attend a NABCJ National Conference and Training Institute? _____   |   |  |                                    |
| Are you a member of a NABCJ Chapter? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   | If YES which Chapter? _____            | If NO Chapter Choice? _____        |
| Are you currently a student? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   | If YES, what College/University? _____ |                                    |
| <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Other (specify) _____  |   | Major: _____                           | Expected Year of Graduation: _____ |

♦ **MEMBERSHIP BENEFITS CAN BE FOUND AT: [WWW.NABCJ.ORG/BENEFITS](http://WWW.NABCJ.ORG/BENEFITS)** ♦

|  |                                       |
|--|---------------------------------------|
| Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal   | Recruited/Referred to NABCJ by: _____ |
| Type of Membership: <input type="checkbox"/> Active-\$50 <input type="checkbox"/> *Full-time Student-\$15 * See Note at Bottom of Page <input type="checkbox"/> Agency-\$300 |                                       |
| <input type="checkbox"/> Associate-\$ Varies - Only active at local chapter. Not entitled to vote on national issues/elections   |                                       |
| <input type="checkbox"/> Lifetime-\$1000 – Installments available (Call for information: 919.683.1801)** <b>Total Life Member fees go to National**</b>                      |                                       |

| Member Type                 | Amount | Online    | TOTAL |
|-----------------------------|--------|-----------|-------|
| Active (New)                | \$50   | \$52.00   |       |
| Active (Renewal)            | \$50   | \$52.00   |       |
| Student (New & Renewal)     | \$15   | \$16.00   |       |
| Student (Renewal)           | \$15   | \$16.00   |       |
| Life Member (New)           | \$1000 | \$1035.00 |       |
| Agency Affiliates (New)     | \$300  | \$309.00  |       |
| Agency Affiliates (Renewal) | \$300  | \$309.00  |       |

**Send application and check or money order payable to: Your local NABCJ Chapter or National Office**

|  |   |  |
|--|---|--|
| Payment Method: Check <input type="checkbox"/> Check #: _____  | MO/TC <input type="checkbox"/> MO/TC #: _____ | Purchase Order: <input type="checkbox"/> PO #: _____ |
| Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover | CC #: _____                                   | Expiration Date: _____                               |
| Printed Name as it appears on Credit Card: _____   |   | Signature: _____                                     |



♦ **Returned Checks will be charged a \$35.00 processing fee** ♦

♦ **Online payments with credit card will be charged a 3% processing fee** ♦

**Submit to: NABCJ-National Association of Blacks in Criminal Justice –NCCU – P.O. Box 20011-C –Durham, NC 27707**

\* Note: \*Undergraduate Students Applying for Membership must be enrolled full-time (12 credit hours per semester) Graduate Students (9 Credit hours per semester) and cannot be employed full-time to qualify for Student Membership. Student must send proof of current enrollment by submitting an unofficial transcript, or a copy of their registration receipt. Membership will not be processed without verification.

|                     |                  |                |                       |
|---------------------|------------------|----------------|-----------------------|
| FOR OFFICE USE ONLY | DATE RCVD: _____ | RCVD BY: _____ | DATE PROCESSED: _____ |
|---------------------|------------------|----------------|-----------------------|