

Please enroll me as a VCA/ACA member!!

Please mail my subscription and benefits to my:

Home

Work

Name: _____

Title: _____

Agency/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____

Occasionally we make our mailing list available to carefully screened companies.

Check here if you would like your name removed from this list.

You will receive services upon payment. Please allow 4-6 weeks for initial receipt of publication. You will be billed annually in the month in which you joined. \$3.50 of your annual membership dues goes toward a subscription to *On the Line*, \$9.00 goes toward a subscription to *Corrections Today*.

	1yr.	3yrs.	Household-1 Year*
Professional I	\$35	\$99	\$55
Professional II	\$75	\$215	\$115
Executive Gold	\$100	\$290	\$150
Associate	\$15		
Organizational	\$300		

Supporting Patron \$350 (For Students, Volunteers, and Interested Citizens ONLY subject to verification.)

** Household offers 1 year of benefits for 2 individuals living at the same address. Only 1 copy of each magazine, newsletter, and directory offered as a benefit is sent under this program.*

Payment Method:

Check

Please submit it with your application

Return this application to:

**ACA—Membership Office
4380 Forbes Boulevard
Lanham, Maryland 20706-4322**

Credit Card

Card Type: _____

Card No: _____

Card Expiration Date: _____ / _____