

CRIMINAL JUSTICE ASSOCIATION of GEORGIA
Application for Membership

1. Name (Print or type): _____

2. Mailing Address:

3. Affiliation (check one) as faculty ____, **student** ____, **other** ____

4. Phone number(s): W: _____ **H:** _____

5. Fax Number: _____

5. Email address: _____

By your submission of payment of dues in the amount of ten dollars, \$10, and this completed, signed and dated application you are acknowledging your intent to become a member of the Criminal Justice Association of Georgia (CJAG) and to support the objectives of the Association. In the case of students, the dues are five dollars, \$5.

_____ **Signature** Date: ____/ ____/ _____

Mail this completed form and a check or money order for \$10 (or if you are a student, \$5) made out to Criminal Justice Association of Georgia to:

**Fred Knowles, Ph.D.
Secretary/Treasurer of CJAG
Department of Sociology, Anthropology &
Criminal Justice
University Center, Room 1120
1500 N. Patterson St.
Valdosta State University
Valdosta, GA 31698**