



WSJA Membership Application

Preferred Mailing Address: Home Business/Facility

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Personal Phone: _____ Work Phone: _____

Agency Name: _____

Job Classification/Title: _____

Signature: _____ Date: _____

Membership Type (Check Appropriate Membership)

Membership Type	1 year
<input type="checkbox"/> Regular	<input type="checkbox"/> \$25
<input type="checkbox"/> Group	<input type="checkbox"/> \$20
<input type="checkbox"/> Associate	<input type="checkbox"/> \$20

Membership Status
New Membership <input type="checkbox"/>
Renewal <input type="checkbox"/>

You will be billed annually in the month in which you joined.

Payment Method

Check if check is included with form

Please return this form via mail with payment to:

**Data Processor
Washington State Jail Association
P. O. Box 465
Burley, Washington 98322**