



REGULAR MEMBERSHIP APPLICATION
STATE & PRIVATE CORRECTIONAL FACILITY
\$100.00

1. Heads of State Correctional Facilities (1 total)
2. Private Correctional Administrators/designees (1 total)

Agency Name: _____

Address: _____

Phone: _____ Fax: _____

Only one Agency Membership per Agency applicable to #1 and #2 above and limited to one (1) member listed below. The one named will be that Agency's voting member.

1. Name: _____ Title: _____

Email Address _____

Additional staff may join as associate members, using attached associate membership application.

Enclosed is \$_____ for annual membership dues for 07/01/08 thru 06/30/09.

Mail Membership Applications and Dues payable to: MCAA
 c/o Dismas House, Baltimore, Inc.
 P.O. Box 4435
 Baltimore, Maryland 21223-0435

Any questions, please contact Barbara Fleming at Dismas House at 410-566-9400 or via email at bfleming@dpscs.state.md.us - Joe Kruse, Treasurer (jkruse@dpscs.state.md.us).