



REGULAR MEMBERSHIP APPLICATION
COUNTY CORRECTIONAL FACILITY
\$100.00

One (1) County Correctional Administrators/designees and up to five staff (6 total)

Agency Name: _____

Address: _____

Phone: _____ Fax: _____

Only one Agency Membership per Agency applicable to above and limited to the 6 members listed below. Those 6 named below will be that Agency's voting members.

1. Name: _____ Title: _____

Email Address _____

2. Name: _____ Title: _____

Email Address _____

3. Name: _____ Title: _____

Email Address _____

4. Name: _____ Title: _____

Email Address _____

5. Name: _____ Title: _____

Email Address _____

6. Name: _____ Title: _____

Email Address _____

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

Enclosed is \$_____ for annual membership dues for 07/01/11 thru 06/30/12.

Mail Membership Applications and Dues payable to:

MCAA
c/o Mary Ann Thompson
St. Mary's County Detention Center
P. O. Box 960
Leonardtwn, MD 20650

Any questions, please contact Mary Ann Thompson at 301-475-4200 ext. 2276 or via email at MaryAnn.Thompson@stmarysmd.com