



REGULAR MEMBERSHIP APPLICATION
SPECIFIC STATE AGENCY
\$100.00

One (1) Specific State Agency Administrators/designees (per MCAA Bylaws) and up to two designated staff (3 total)

Agency Name: _____

Address: _____

Phone: _____ Fax: _____

Only one Agency Membership per Agency applicable to above and limited to the 3 members listed below. Those 3 named will be that Agency's voting members.

1. Name: _____ Title: _____

Email Address _____

2. Name: _____ Title: _____

Email Address _____

3. Name: _____ Title: _____

Email Address _____

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

Enclosed is \$_____ for annual membership dues for 07/01/09 thru 06/30/10.

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).