



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 07/01/11 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
Leonardtown, MD 20650

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