



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 07/01/11 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

Rev. 6/06/11