Lake County Juvenile Officers Association

Revised 1/20/23

Membership Application

(Individual Member)

By completing this application, I am requesting membership to the Lake County Juvenile Officers Association for the current calendar year. I understand my membership fee is $15.00. This fee also includes your membership to the Illinois Juvenile Officers Association.

**Membership benefits:**

* By-Monthly trainings; specifically designed for individuals working with Juveniles
* Annual JOA full day Conference
* Annual IJOA 3-day Conference
* Discounts for future trainings and events

Date:\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

**Please clearly fill out the form in its entirety**

TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (first, Last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_ ZIP CODE:\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For membership questions please feel free to contact:

Carrie Wings at 847-377-7824 (or) Karin McLafferty at 847-377-7889

Please make checks are payable to: Lake County Juvenile Officers Association

Return the application and payment to:

Lake County Juvenile Officers Association, 1 N O’Plaine Rd PO Box 9071, Gurnee Il 60031

~ For more information, please visit our website at: [www.lakecountyjoa.org](http://www.lakecountyjoa.org) ~