

National Organization of Hispanics in Criminal Justice
A Non-Profit Corporation



MEMBERSHIP APPLICATION
(PLEASE PRINT OR TYPE)

Last Name		First Name		Middle Initial	
Mailing Address					
City		State		Zip Code	
Phone (Work)		Phone Cell (Optional)			
Email Address					

Annual Membership Action

Individual 1-Year: \$25.00 New Renewal
 Individual 2-Year: \$45.00 New Renewal
 Individual 3-Year: \$65.00 New Renewal
 Non-Profit Agency: \$100.00 New Renewal
 For-Profit Agency: \$150.00 New Renewal
 Start Date (New Member) _____ Renewal Date _____

Treasurer Action

Amount Received: \$ _____ Date: _____
 Ck/Invoice #: _____ Bank/Fin Inst.: _____
 By: _____

Member Information (Please check ALL that apply)

Employed by: State County City
 Federal Private Other
 Discipline: Adult Juvenile
 Institution Jail Probation Parole
 Community Facility Other
 Security Treatment Comm. Supervision
 Aftercare Admin/Mgmt Victim Services
 Other: _____

Please make check payable to NOHCJ and mail to:
NOHCJ
PO Box 924
Fairacres, NM 88033-0924

NOHCJ Website: www.nohcj.org