

**Juvenile Detention Association of New York State
Application For Membership**

Name _____ Job Title _____

Name of Detention Facility/Agency _____

Preferred Mailing Address: Business [] Home []

Street _____ City _____ State _____ Zip _____

Telephone @ Work _____ @ Home _____ E-Mail _____

Date of Employment _____

Duties of current position (be specific) _____

Past Detention or Human Services Experience _____

Regular Membership (\$40.00) [] Associate Membership (\$20.00) [] Agency Membership(\$200.00) []

I would be interested in serving on the following Standing Committees:

Membership [] Long Term Planning [] Constitution and By-Laws [] Legislative [] Issues []

Training & Development [] Education [] Publications [] Other Special Committees []

Please Make Check Payable to: Juvenile Detention Association of NYS

Mail to : Ms. Marilee Clark, Membership Chairperson, c/o Community Missions Inc.

1570 Buffalo Avenue, Niagara Falls, NY 14303