

**Application for Membership** herewith present my application for membership in the National Association of Correctional Record Administrators and Supervisors promising, if selected, to be governed by the Constitution and By-Laws of the Association.

Name: \_\_\_\_\_ First name for Nametags: \_\_\_\_\_  
 (first) (middle) (last)

Title/Rank: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Agency/Business \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Office Address \_\_\_\_\_

(number/street) (city & state) (zip + four)

Home Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

(number/street) (city & state) (zip + four)

Do you belong to a Regional Association? If so, which one? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

If Agency Head, please answer the following survey questions:

Approximate Annual Departmental Budget \$ \_\_\_\_\_

Number Personnel in the Department \_\_\_\_\_

Number/Auxiliary Personnel in the Department \_\_\_\_\_

State Population: \_\_\_\_\_

County Population: \_\_\_\_\_

Number/Part-time Personnel in the Dept. \_\_\_\_\_

Number Contractual Personnel in the Dept. \_\_\_\_\_

Applicants for Associate Membership shall attach documentation to indicate their qualifications for Membership by virtue of their training and experience in Correctional Records activity, and other professional attainments in Correctional Record Keeping or Administration or their legitimate special interest in Correctional Record activity compatible with the goals of the Association.

By returning your completed application with payment, you agree to allow NACRAS to send you communication via fax and/or e-mail. Your information will not be used for the purposes of telemarketing or Internet Spam of any kind.

**I AM APPLYING FOR:**

(Annual Dues) Check applicable category below. For An explanation of membership types, consult the By-Laws Excerpt on the back of this brochure.

Active – \$35

Affiliate Member \$15

Associate – \$35

Sustaining \$250

Payment Enclosed  Check # \_\_\_\_\_

**Please** – Check (X) your Committee interests on Reverse Side!

(This space for office use only)

Date Received:

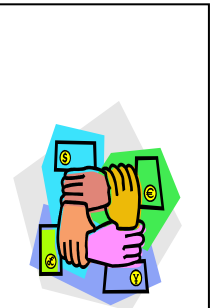
Approved by:

**Dues**

- The annual dues for Active or Associate Members representing an agency shall be **\$35.00**; (Associate members shall not hold office.)
- The minimum annual dues for sustaining members shall be **\$250.00**.
- Dues shall be payable to the National Association of Correctional Record Administrators and Supervisors on January 1<sup>st</sup> of each calendar year. New members joining after September 30<sup>th</sup> of any calendar year shall pay the total dues amount for the current year and shall be credited membership for the following calendar year.

**NACRAS Standing Committees**

- \_\_\_ Education / Training
- \_\_\_ Membership
- \_\_\_ Constitution, By-Laws & Resolutions
- \_\_\_ Communications & Technology
- \_\_\_ Awards
- \_\_\_ Law and Legislation
- \_\_\_ Strategic Planning & Budgets
- \_\_\_ Public & Private Corrections
- \_\_\_ Records Liaisons
- \_\_\_ Financial Review (Audit)
- \_\_\_ Conference



The NACRAS wants your participation on its committees. Please check (X) the blanks on the left to indicate on which committee you will serve.

THANK YOU

*Contributions or gifts to the National Association of Correctional Record Administrators and Supervisors may not be deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible by members as an ordinary and necessary business expense, when applicable*