



# CALIFORNIA STATE JUVENILE OFFICERS ASSOCIATION MEMBERSHIP APPLICATION & RENEWAL

PLEASE PRINT  
NAME \_\_\_\_\_

POSITION \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

TEL (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

HOME ADDRESS (OPTIONAL) \_\_\_\_\_

HOME TELEPHONE (OPTIONAL) \_\_\_\_\_

REFERRED BY CURRENT MEMBER (OPTIONAL) \_\_\_\_\_

Would you like to receive announcements via email: Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to receive the SCJOA Newsletter via email: Yes \_\_\_\_\_ No \_\_\_\_\_

**Annual dues \$25.00. Make checks payable to your appropriate region (NCJOA, CCJOA, or SCJOA) You can mail your payment to the region you live in. Please click on the Regions button to locate the mailing address which is most appropriate.**