

# MEMBERSHIP FORM

Please fill out the form below. Once you have completed the form, please send to MJJA by mail or email it to [info@mjja.org](mailto:info@mjja.org).



**Missouri Juvenile  
Justice Association**

*Promoting justice for children, youth and families.*

## MEMBER INFORMATION

**Full Name:**

**Title:**

**Agency:**

**Address:**

**Phone:**

**Email:**

### Membership Type:

- ☐ Professional (\$50)
- ☐ Professional Plus (\$75)
- ☐ Student (\$25)
- ☐ Agency Partner (\$250)
- ☐ Corporate Sponsor (\$1,750)

### Payment Method:

- ☐ Check #:
- ☐ Online
- ☐ Request an Invoice

If you selected Agency Membership, please list your 5 members names and email here:

1.
2.
3.
4.
5.

**Membership Fee Total:** \$

**Additional Donation (optional):** \$

**Total Amount Enclosed:** \$

**Comments:**

**Signature**

### Missouri Juvenile Justice Association

PO Box 1332, Jefferson City, MO 65102

(573) 616-1058 (Office)

[www.mjja.org](http://www.mjja.org)

**THANK YOU**

## OFFICE USE ONLY

**Date Received:**

**Check #:**

**ACH:**