

MARJ Membership Application

The Mississippi Association of Regional Jails, founded in 2017 is a nonprofit organization dedicated to serving those who work in and operate our Mississippi jails. The purposes of this Association shall be to (a) encourage cooperation and mutual assistance among members and with other criminal justice agencies; (b) promote greater legislative, executive and judicial understanding and support of Regional Jail operations and resource requirements (c) promote the highest standards of education, training, and professionalism among Region Jail officers and support staff; (d) promote and uphold the appointed offices of Regional Jail employees pursuant to the Mississippi Code; and (e) encourage the highest level of ethical conduct among Regional Jail employees.

Please place an "X" in the type of membership**

- Professional Membership \$48
- Life Member \$500 (single or pro-rated)
 - ___ single payment
 - ___ 4 annual payments of \$125
- Student Membership \$15 Graduation Date: _____
(Available to full-time students not currently employed in the field of corrections – include copy of Full-time student ID)
- Retiree Membership \$36
- Affiliate Membership \$100 (Private, nonprofit status must accompany)

In order to process your application accurately, all the following must be provided.

Please select one of the following: Home Work

Name: _____

Facility/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Areas of Concentration – choose only one:

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Classification | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Information Systems/Technology |
| <input type="checkbox"/> Human Service | <input type="checkbox"/> Substance Abuse Counselor |
| <input type="checkbox"/> Inmate Programs | <input type="checkbox"/> Training |
| <input type="checkbox"/> Intake and Release | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Juvenile | |

Signature: _____ Date: _____

Make checks payable to Mississippi Association of Regional Jails
PO Box 156, Charleston, MS 38921