

CRIMINAL JUSTICE ASSOCIATION
MEMBERSHIP FORM

Name: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ E-mail: _____

Major: _____ Minor: _____ Emphasis: _____

Class Status: _____ Expected Date of Graduation: _____

Career Goals: _____

Welcome to the CJA! Please return this form along with the \$10.00 membership fee to the Criminal Justice Department located in Benton Hall Room 201. Payment may be made by cash or check only. Please make all checks payable to: Washburn Criminal Justice Association. Your membership is valid for one full academic year.