



SOUTHERN CALIFORNIA 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 (U.S.) PLEASE MAKE CHECKS PAYABLE TO: "SCJOA", AND MAIL TO: SCJOA, P.O. BOX 86122, LOS ANGELES, CA 90086-0122