

Texas Jail Association

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name:		
Title:		
Agency/Organization:		
Agency Address:		
City:	State:	Zip:
Business Phone:	Fax:	
Cell:	PID Number:	

Applicant Email:

Please note: This email address is TIA's primary way to contact members to send out information about membership status, discount codes, conference registration and voting information. To ensure that every member receives information, it is very important that this email is one the applicant has access to and not a general agency or accountant email address.

MEMBERSHIP TYPE (CHOOSE ONE) -

- □ Professional Member \$30
- □ Associate Member \$30
- □ Affiliate Member \$50
- □ Business Member \$100
- □ Lifetime Member \$300

PAYMENT METHOD -

Check Purchase Order Credit Card

Name	on	Credit	Card	(if	applicable): _	
Please	not	e: DO N	OT ent	er	card number	

APPLICATION CERTIFICATION -----

Applicant Signature: _____

□ I am filling this application on behalf of the applicant

Proxy Name: _____ Proxy Phone: _____

Send application form and payment (if by check) to:

Texas Jail Association, Attn:Sharese Hurst, Box 2296, Sam Houston State University, Huntsville, Texas 77341-2296

You may apply & pay membership dues online at www.texasjailassociation.com