

**SOUTH CAROLINA JAIL ADMINISTRATORS' ASSOCIATION
MEMBERSHIP APPLICATION**

NAME: _____
TITLE: _____
AGENCY: _____
MAILING ADDRESS: _____
CITY: _____
STATE: _____
ZIP+4: _____
WORK PHONE: _____
CELL PHONE: _____
FAX NUMBER: _____
E-MAIL: _____

SPECIAL ATTRIBUTES (National Certifications, Trainer, etc.): Please submit on separate page(s).

Type of membership requested:

1. () Regular - [active facility administrator] \$50 annual fee
2. () Associate - [active facility staff member, SCDC employee, CJ Students, Vendors, and other professionals in the public/non-profit sector] \$25 annual fee
3. () Retired Fee - waived on approval of Board
4. () Corporate - See information on Corporate Sponsorship
5. () Facility - \$100 annual fee

I would be interested in working with SCJAA in the following areas (trainer, committees, etc.): Please submit on separate page(s).

Mail completed applications to:

Shelton L. Hughes, Jr., CJM, Secretary
Clarendon Co. Detention Center
PO Box 730
Manning, SC 29102
phone: (803) 435-0032
fax: (803) 435-8194
e-mail: clarendoncorrections@sc.rr.com