

ACA MEMBERSHIP APPLICATION

(DOMESTIC - U.S., U.S. TERRITORIES and CANADA)

P. O. Box 630171 • Baltimore, MD 21263-0171 • Toll Free: 1-800-222-5646 x 129 • Fax: 301-206-9789
 Website: www.aca.org • Federal ID#: 13-1977456

INDIVIDUAL MEMBERSHIPS:

ASSOCIATE LEVEL: One year subscription to *Corrections Today* and *On the Line*; 20% discount on selected ACA publications and correspondence courses; Member rates to the Winter Conference and Congress of Correction; Personalized membership card and certificate; An ACA lapel pin. (For retired professionals, volunteers, and students only; subject to verification)

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PROFESSIONAL II LEVEL: Includes same benefits as the Professional I; A copy of ACA's award winning directory, *Directory of Juvenile and Adult Correctional Departments, Institutions, Agencies and Probation and Parole Authorities*

EXECUTIVE GOLD: Includes same benefits as the Professional I; A copy of ACA's award winning directories, *Directory of Juvenile and Adult Correctional Departments, Institutions, Agencies and Probation and Parole Authorities* and *National Jail and Adult Detention Directory*; Additional 10% off conference registration.

FACILITY/INSTITUTIONAL/COMPANY MEMBERSHIPS:

ORGANIZATIONAL LEVEL: For non-profit entities; One year subscription to *Corrections Today* and *On the Line* (four copies per issue); 20% discount on selected ACA publications and correspondence courses; One vote in ACA elections; Member rates to the Winter Conference and Congress of Correction; Copies of four ACA award winning directories and State of Corrections, conference proceedings; Personalized membership card and certificate; An ACA lapel pin.

SUPPORTING PATRON: For -profit entities; One year subscription to *Corrections Today* and *On the Line* (four copies per issue); 20% discount on selected ACA publications and correspondence courses; One vote in ACA elections; Member rates to the Winter Conference and Congress of Correction; Copies of four ACA award-winning directories and State of Corrections, conference proceedings; A company listing in the Directory of Juvenile and Adult Correctional Departments Personalized membership card and certificate; An ACA lapel pin.

METHOD OF PAYMENT:

CHECK/MONEY-ORDER ENCLOSED

PURCHASE ORDER#:

(MEMBERSHIP DOES NOT BEGIN UNTIL PAYMENT IS RECEIVED)

CREDIT CARD: AMERICAN EXPRESS, DINERS CLUB, VISA, MASTER CARD AND DISCOVER ACCEPTED

CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____ DATE _____

(3 DIGIT VERIFICATION CODE CAN BE FOUND ON THE VERIFICATION CODE BACK SIGNATURE PANEL)

HOME ADDRESS: CHECK HERE FOR PREFERRED MAILING ADDRESS

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

AREA CODE/PHONE _____

EMAIL _____

WORK ADDRESS: CHECK HERE FOR PREFERRED MAILING ADDRESS

GUADALUPE "LUPE" TREVINO

NAME _____

SHERIFF

POSITION/TITLE _____

HIDALGO COUNTY SHERIFF'S OFFICE

AGENCY/CORPORATION _____

P.O. BOX 1228

ADDRESS _____

EDINBURG, TEXAS 78540

CITY/STATE/ZIP _____

(956) 383-8114 (956) 393-6027 (Fax)

AREA CODE/PHONE AREA CODE/FAX _____

sheriff@hidalgo.org

EMAIL _____

MEMBERSHIP CATEGORIES:
(U.S., U.S. TERRITORIES and CANADA)

	1 YEAR	HOUSEHOLD 1 YEAR	3 YEAR
PROFESSIONAL I	\$35	\$55	\$99
PROFESSIONAL II	\$75	\$115	\$215
EXECUTIVE GOLD	\$100	\$150	\$290
ORGANIZATIONAL	\$300	N/A	N/A
SUPPORTING PATRON	\$350	N/A	N/A
ASSOCIATE**	\$15	N/A	N/A

* Household membership offers one year for two individuals at the same home address. Only one copy of each magazine, newsletter or directory offered as a benefit as part of this program.

** (Associate membership is for retired professionals, volunteers, and students only; subject to verification)

CHECK HERE TO JOIN THE NEW HEALTHCARE - PROFESSIONAL INTEREST SECTION (H:PIS) FOR AN ADDITIONAL \$25!

(To join the H:PIS, you must join or renew at one of the individual membership levels above. For more details go to www.aca.org.)

MAIL COMPLETED APPLICATION AND PAYMENT TO:
 AMERICAN CORRECTIONAL ASSOCIATION
 MEMBERSHIP SERVICES
 P.O. BOX 630171
 BALTIMORE, MD 21263-0171

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NAME _____

ADDRESS _____

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AREA CODE/PHONE _____

EMAIL _____

WORK ADDRESS: CHECK HERE FOR PREFERRED MAILING ADDRESS

DANIEL GARCIA

NAME _____

DIVISION COMMANDER

POSITION/TITLE _____

HIDALGO COUNTY SHERIFF'S OFFICE

AGENCY/CORPORATION _____

P.O. BOX 1228

ADDRESS _____

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dgarcia@hidalgo.org

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AMERICAN CORRECTIONAL ASSOCIATION

MEMBERSHIP SERVICES

P.O. BOX 630171

BALTIMORE, MD 21263-0171

SAVE \$\$\$
REGISTER BEFORE
June 20, 2008

ADVANCE REGISTRATION



138th Congress of Correction • New Orleans, Louisiana • Aug. 8-13, 2008

REGISTER BY JUNE 20, 2008

To register using a credit card: FAX completed form to (301) 206-9789 — PHONE (800) 222-5646, ext. 0129 — WEB www.aca.org
MAIL, send completed form with check or purchase order to: American Correctional Association, Conventions Department,
P.O. Box 201, Annapolis Junction, MD 20701

Registrations at the early bird rate cannot be accepted after June 20, 2008. Any registrations received after July 25, 2008, will automatically be charged the on-site rate. Invoiced agency purchase orders must be paid in full on or before July 31, 2008.

	Early Bird ON or BEFORE 6/20/08	Advance ON or BEFORE 7/25/08	On-site AFTER 7/25/08
I wish to register for ACA's 138 th Congress of Correction...			
Member registration rate. (Member ID# _____ exp. date _____) ACA I.D.# must be listed. Dues must be paid through September 1, 2008.	\$280 <input type="checkbox"/>	\$305 <input type="checkbox"/>	\$335 <input type="checkbox"/>
Non-member registration rate.	\$310 <input type="checkbox"/>	\$330 <input type="checkbox"/>	\$360 <input type="checkbox"/>
<input checked="" type="checkbox"/> I would like take advantage of and become an ACA member for \$5 above the non-member price	\$315 <input type="checkbox"/>	\$335 <input checked="" type="checkbox"/>	\$365 <input type="checkbox"/>
One-Day registration rate. Check day you will be attending: <input type="checkbox"/> SAT 8/9 <input type="checkbox"/> SUN 8/10 <input type="checkbox"/> MON 8/11 <input type="checkbox"/> TUES 8/12 <input type="checkbox"/> WED 8/13	\$175 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$238 <input type="checkbox"/>
Student registration rate. (Not employed in corrections. Copy of Student I.D. Card required.)	\$95 <input type="checkbox"/>	\$110 <input type="checkbox"/>	\$120 <input type="checkbox"/>

FOR HEALTH CARE PROFESSIONALS

Healthcare Professional Interest Section (H-PIS) members (ACA/H-PIS I.D. # _____ exp. date _____)	\$280 <input type="checkbox"/>	\$305 <input type="checkbox"/>	\$335 <input type="checkbox"/>
Nonmembers (in health care field)	\$310 <input type="checkbox"/>	\$330 <input type="checkbox"/>	\$360 <input type="checkbox"/>
<input type="checkbox"/> I would like to join the H-PIS and become an ACA member for \$5 above the non-member price.	\$315 <input type="checkbox"/>	\$335 <input type="checkbox"/>	\$365 <input type="checkbox"/>

Continuing Education Credits

CME (ACCME Accredited-Medical Personnel except nurses)	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
CE (nurses only)	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
CEUs	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>

If you are a Certified Corrections Professionals (CCP), check here (for tracking credits)

ADA Needs _____

PLEASE PRINT OR TYPE

Please be sure to use ONLY the allotted number of spaces.

D A N I E L _____ M.I.
 First name
 G A R C I A _____
 Last name
 C O M M A N D E R _____
 Title
 H I D A L G O C O U N T Y S H E R I F F O F C _____
 Agency/Company
 P O B O X 1 2 2 8 _____
 Address
 E D I N B U R G _____ T X 7 8 5 4 0 - _____
 City State Zip
 U S _____
 Country (Other than U.S.) E-mail Address
 9 5 6 - 3 8 3 - 8 1 1 4 _____ 9 5 6 - 3 9 3 - 6 0 2 7 _____
 Business Phone FAX

METHOD OF PAYMENT

- CASH
 - CHECK Check# _____
 - TRAVELER'S CHECK
 - VISA MASTERCARD
 - AMERICAN EXPRESS
 - DINERS CLUB DISCOVER
- Cashier's Initials _____ Date _____

No refunds will be given unless a written request is received on or before August 1, 2008.
E-mail: NOLA08@aca.org

- Check here if you are with an Adult Facility
- Check here if you are a First-Time Attendee
- Check here if you are with a Juvenile Justice Facility

Payment

- Check made payable to ACA (Check # _____) Charge to: VISA MASTERCARD AMEX DISCOVER DINERS CLUB

PRINT Cardmember Name _____ Cardmember Signature (required) _____

If billing address for the above credit card is different, please indicate below.

Account Number

Exp. Date

V-code

