



Lake County Juvenile Officers Association

Revised: 3-22-19

Group Membership Application

By Completing this application, I am requesting membership to the Lake County Juvenile Officers Association for the current calendar year for the following individuals. I understand the membership fee is \$15.00, per person. This fee also includes membership to the Illinois Juvenile Officers Association.

Membership Benefits:

- Bi-Monthly trainings; specifically designed for individuals working with Juveniles
 - Invitation to annual JOA full day conference
 - Invitation to annual IJOA 3-day conference
 - Discounts for future trainings and events

Date: _____/_____/_____

**Please clearly fill out the form in its entirety
For each member**

AGENCY NAME: _____

COMPLETED BY: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

FOLLOWING NAMES ARE THOSE SEEKING MEMBERSHIP

TITLE: _____

NAME (first, Last): _____

AGENCY NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

TITLE: _____

NAME (first, Last): _____

AGENCY NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

TITLE: _____

NAME (first, Last): _____

AGENCY NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

TITLE: _____

NAME (first, Last): _____

AGENCY NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

TITLE: _____

NAME (first, Last): _____

AGENCY NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

For membership questions please feel free to contact:

Carrie Wings at 847-377-7824

Or

Karin McLafferty at 847-377-7889

Please make checks payable to the: "Lake County Juvenile Officers Association"

Return the application and payment to: Lake County Juvenile Officers Association, P.O. Box 155, Waukegan IL 60079

~ For more information please visit our Website at: www.lakecountyjoa.org ~