

Kentucky Council on Crime and Delinquency, Inc. Membership Application

(Please Print)

Date of Application: _____

Date of Birth: _____

Membership Status: New Membership
 Renew Membership - Current Expiration Date: _____

Type of Membership: Regular Membership (\$15.00 Annual Dues)
 Full-Time Student Membership (\$7.50 Annual Dues)
(Must be registered with 12 or more hours in present semester)

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Telephone No. (____) _____ - _____

Is this a business address? home address?

E-Mail Address: _____

Name of Business or Organization Affiliation: _____

Check your local chapter affiliation: Bluegrass Capitol
 Cave Run EKV Four Rivers Green River Herrington Lake Louisville
 Laurel Gorge State-at-Large Other _____

Make checks payable to *KCCD*, route your completed application through your local chapter or send the completed application to:

James Sweatt, Treasurer
P.O. Box 69
LaGrange, Kentucky 40031
(502) 225-0978

Upon receipt and approval of your application, you shall be mailed a membership card to the address as indicated above. If you do not receive a membership card or some form of correspondence within thirty (30) days, please contact your local chapter or James Sweatt immediately.

For Office Use Only

Memb. Card Mailed: _____

Expiration Date: _____