



2010-2011 Membership Form

Southwestern Association of Criminal Justice

Contact Information:

Name:

Affiliation:

Mailing Address:

Telephone:

E-mail:

PLEASE INDICATE MEMBERSHIP CATEGORY (PLEASE SELECT ONE):

Educator/Professional = **(\$30)** _____

Student = **(\$10)** _____

If requesting student membership, tell us the name of your

School: _____ and your Instructor: _____

Please return membership form with check or money order to the Treasurer:

**W. T. Jordan
Associate Professor of Criminal Justice
Texas A&M University-Texarkana
College of Health and Behavioral Sciences
P.O. Box 5518
Texarkana TX 75505-5518**

**If you have any questions about membership please contact Dr. Jordan at either
903.223.3168 or tom.jordan@tamut.edu**

Thank you for your support of SWACJ as part of ACJS!