



CAMA Membership Application

To join, please complete this form and send it with your payment to:

CAMA Membership Services
P.O. Box 5
Walnut Cove, NC 27052

(Payment must be made online, by Check or Money Order and payable to CAMA)

To make your payment via PayPal, go to www.mycama.org and click on the link for membership.

TYPE OF MEMBERSHIP:

Date: _____

- New Member
 - Renewal
 - Personal – Annual Membership (\$25.00)
 - Personal – 3 Year Membership (\$65.00)
 - Institution/Facility Membership (\$75.00 for 1 year with up to 5 employees at the same facility)
 - Institution/Facility Membership (\$165.00 for 3 years with up to 5 employees at the same facility)
- (Institution/Facility Memberships - Fill out one form for each employee and a separate form for the Institution/Facility)**

Last Name: _____

First Name: _____

Job Title: _____

Agency Name: _____

Facility: _____

- Adult Correctional Institution
- Adult Community Residential
- Juvenile

Facility Type: Probation and/or Parole Adult Local Detention Facilities

Other _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____

Home Phone: _____

Work Email: _____

Home Email: _____

Visit our website at <http://www.mycama.org> and on Facebook