



ACA STUDENT CHAPTER APPLICATION

Organization Name: _____

Address: _____

President Name: _____ Class of: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email address: _____

Advisor Name: _____ Department: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email address: _____

Number of Active Members: _____ Year Founded: _____

Mission Statement: _____

List Activities of Organization: _____

Please submit the following: ACA Student Chapter Application, a copy of your organization's Constitution and By-Laws, and a roster of your members and your officers to:

American Correctional Association
Membership and Financial Services
206 North Washington Street, Suite #200
Alexandria, VA 22314

Please note that your application will be vetted at our next conference and voted upon by our Committee on Membership, Board of Governors and Delegate Assembly for acceptance of affiliation. Completion of this form is not automatic acceptance of affiliation.

You must have at least 10 ACA active members on your roster to apply.
(800) 222-5646 ext. 0047, Membership Fax: (703) 224-0059 Email: members@aca.org