



**American Criminal Justice Association  
 Lambda Alpha Epsilon  
 P.O. Box 601047  
 Sacramento, CA 95860-1047  
 Telephone (916) 484-6553  
 Email: acjalae@aol.com Web: www.acjalae.org**

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(Grand Chapter Use Only)

<b>National Initiation Fee \$36.00</b>
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**PERSONAL INFORMATION**

*(Please PRINT Legibly For Certificate)*

**I AM AT LEAST 18 YEARS OLD: YES  NO**

**(Must be at least 18 years old to join)**

_____	_____	_____	_____
Title	First Name	I.	Last Name
_____		_____	
Permanent Mailing Address		Email Address	
_____	_____	_____	_____
City	State	Zip Code	Telephone Ext.

**EDUCATIONAL INFORMATION**

Are you presently enrolled in a course of study in Criminal Justice?  Yes  No

If Yes, please complete items 1-4 below:

(1) Name of college/university attending: \_\_\_\_\_

(2)  Freshman  Sophomore  Junior  Senior  Graduate Student

(3) Degree Sought (i.e., AA, BA etc.) \_\_\_\_\_ (4) Expected date of graduation (Mo-Yr) \_\_\_\_\_

Indicate Level of Education Completed to Date:

H.S. \_\_\_/\_\_\_ A.A. \_\_\_/\_\_\_ B.A. \_\_\_/\_\_\_ M.A. \_\_\_/\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Are you currently employed in (full-time, part-time, volunteer) or retired from the Criminal Justice field?  Yes  No

If Yes, please fill in items 5-7 below:

(5) Present Employer \_\_\_\_\_

(6) Employed by:  Federal  State  City  County  Private Other \_\_\_\_\_

(7) Position or Occupation: \_\_\_\_\_

<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide criminal justice documentation from the Probation Department., Courts, etc. and current status of conviction. <b>(Please refer to National Bylaws Article III., A., 3)</b>
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EDU [ ][ ]	REGION [ ][ ]	CHAPTER [ ][ ][ ][ ]	TYPE [ ][ ]	STATUS [ ][ ]	OCCUPATION [ ][ ]	EMPLOYED [ ]
DATE ON [ ][ ][ ][ ][ ][ ]	EXPIRATION DATE [ ][ ][ ][ ][ ][ ]	DATE PAID [ ][ ][ ][ ][ ][ ]	AMOUNT PAID [ ][ ][ ][ ]	OFFICER [ ][ ]		
<b>(GRAND CHAPTER USE ONLY)</b>						

In affixing my name hereto, I declare the above answers to be complete and accurate statements of my status and qualification and that I hereby petition for membership in \_\_\_\_\_ Chapter of the American Criminal Justice Association--Lambda Alpha Epsilon;

**OR** as a Member-at-Large of Region \_\_\_\_\_ of the American Criminal Justice Association--Lambda Alpha Epsilon.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**CERTIFICATIONS TO GRAND CHAPTER**

Please Print

MEMBER: \_\_\_\_\_  
Last Name First Name Initial

**THIS SECTION FOR MEMBERSHIP AT LARGE ONLY:**

I do hereby submit this Application for membership in the American Criminal Justice Association--Lambda Alpha Epsilon. I certify that I am currently or was, at the time of submission of my Application, employed in an area concerned with the administration of criminal justice; honorably retired from a career in an area concerned with the administration of criminal justice; enrolled in a program of study in the criminal justice field at a college or university accredited by a recognized national or regional accreditation association; or involved in volunteer work directly related to the administration of criminal justice.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**THIS SECTION FOR CHAPTER MEMBERSHIP ONLY:**

We, the undersigned officers of \_\_\_\_\_

Chapter \_\_\_\_\_ of the American Criminal Justice Association--Lambda Alpha Epsilon do hereby submit this Application for membership in the Association. We certify that the applicant has been endorsed by the chapter and/or its chapter officers. We certify that the applicant is currently or was, at the time of acceptance of their application, employed in an area concerned with the administration of criminal justice; honorably retired from a career in an area concerned with the administration of criminal justice; enrolled in a program of study in the criminal justice field at a college or university accredited by a recognized national or regional accreditation association; or involved in volunteer work directly related to the administration of criminal justice.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
**Chapter President (Please Print)**

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
**Chapter Secretary (Please Print)**

**PLEASE SEND ALL COMPLETED APPLICATIONS WITH INITIATION FEES TO THE NATIONAL OFFICE AT THE ADDRESS LISTED ON THE FRONT OF THIS APPLICATION.**

**CHAPTERS: BE SURE TO SUBMIT CONTROLLER SHEETS (IN DUPLICATE) WITH YOUR APPLICATIONS AND INITIATION FEES.**

