

# International Association of Correctional Training Personnel (IACTP)

## MEMBERSHIP APPLICATION

### INDIVIDUAL / AGENCY MEMBER BENEFITS\*

Membership in a Professional Organization

Voting Privileges

Eligible to Hold Elected Office

Access to The Correctional Trainer  
quarterly journal

Discounted Rate for IACTP National  
Conference

Access to IACTP Member ListServ

Quarterly Webinars on Training Topics

Linkages to Other National Organizations

### AGENCY MEMBERSHIP DUES

3-8 Members = \$43/person  
9-12 Members = \$42/person  
13-16 Members = \$40/person  
17-20 Members = \$38/person  
21-24 Members = \$36/person  
25-30 Members = \$34/person  
31-60 Members = \$33/person  
61+ Members = \$2,000 flat fee

\* Affiliate & Associate Membership Benefits vary. Please see website for details or contact IACTP office.

### NEED TO BE INVOICED?

If you need to be invoiced,  
please attach a Purchase Order.

### PAYMENT

Make Checks Payable to:  
IACTP  
2220 Nicholasville Rd.,  
Suite 110-333  
Lexington, KY 40503

### QUESTIONS

Call: 859-333-4209  
Email: [iactpc@gmail.com](mailto:iactpc@gmail.com)  
Fax: 888-282-8549

**This form must be included with payment  
to ensure proper credit.**

## Membership Categories & Dues (circle your selection)

- OPTION #1 – NEW MEMBER ~ \$50 annually  
OPTION #2 – RENEWING MEMBER ~ \$50 annually  
OPTION #3 – STUDENT ~ \$35 annually  
OPTION #4 – AFFILIATE ~ \$250 annually  
OPTION #5 – ASSOCIATE/CORPORATE ~ \$1,000 annually  
OPTION #6 – AGENCY ~ varies based on number of individuals  
(see box to left)

See Agency Membership Dues listing in the box on the left side of this page. A listing of each individual being paid under an Agency Membership must be sent to the IACTP office. The listing should include the person's name, job title, agency, complete mailing address, phone, and email.

**Amount Due\*** \$ \_\_\_\_\_  
please write amount that you selected from above.

\* if paying with credit card, then please complete the membership application online & submit payment. <http://www.iactp.org/p/join-iactp-today.html>

## Member Information (include info for each member)

Individual Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Area of Corrections that best describes your current position  
(select one):**

- Local Adult Corrections/Jails
- State Adult Corrections/Prisons
- Federal Corrections (Prisons/Community-Based)
- Adult Community Corrections (Probation/Parole, CBCF, etc.)
- Juvenile Correctional Services (Facilities or Community-Based)
- Higher Education
- Training Commissions, Agencies, or Academies
- Healthcare Training Delivery
- Private Corrections
- International Corrections
- Other (please specify): \_\_\_\_\_