



Associate Membership Application Form

Company Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email: _____ Website: _____

Contact Person: _____ Title: _____

Phone: _____ - _____ - _____ Email: _____

----- **Optional Contact Information** -----

Contact Person: _____ Title: _____

Phone: _____ - _____ - _____ Email: _____

Contact Person: _____ Title: _____

Phone: _____ - _____ - _____ Email: _____

Description of Services or Products:

Please make **\$250.00** check payable to: **Kentucky Jailers Association**

Mail check to:
Kentucky Jailers Association
751 Chenault Lane
Mt. Sterling, KY 40353