



ARKANSAS JUVENILE

DETENTION ASSOCIATION

2025 MEMBERSHIP RENEWAL

FACILITY NAME: _____

COUNTY PRIVATE JURISDICTION: JUDGE SHERIFF

ADMINISTRATOR: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

NUMBER OF BEDS IN YOUR FACILITY: _____

AJDA MEMBERSHIP CATEGORIES AND COST

(Please check the category you are applying for)

FACILITY MEMBERSHIP (Includes all staff as members)

- UNDER 24 BEDS \$ 100.00 PER YEAR \$ _____
- 24 BEDS & OVER \$ 150.00 PER YEAR

(Please complete attached individual member information sheets.)

REGULAR MEMBERSHIP \$ 15.00 PER YEAR \$ _____

ASSOCIATE MEMBERSHIP \$ 25.00 PER YEAR \$ _____

TOTAL DUE: \$ _____

PLEASE MAIL THIS COMPLETED APPLICATION ALONG WITH YOUR CHECK TO:

ARKANSAS JUVENILE DETENTION ASSOCIATION

**Attn: Shelley Clingan, Treasurer
Washington County Juvenile Detention Center
885 W Clydesdale Dr.
Fayetteville AR, 72701**



2025 MEMBERSHIP RENEWAL

ARKANSAS JUVENILE DETENTION ASSOCIATION

(PLEASE MAKE ENOUGH COPIES OF THIS FORM SO THAT ENTIRE STAFF IS LISTED.)

Mail completed form(s) to: Treasurer, Shelley Clingan at above address.

FACILITY NAME: _____

NAME: _____

EMAIL: _____ POSITION /RANK: _____

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