



AMERICAN CRIMINAL JUSTICE ASSOCIATION
LAMBDA ALPHA EPSILON
Founded in 1937

Date: _____

Life Membership Form

I am applying for Life Membership in ACJA-LAE. I have enclosed the full payment of

\$420.00 OR

I have enclosed the first payment of **\$105.00**.

I understand that the quarterly payment(s) must be made on time for each quarter. I understand per our National Bylaws (Article III. H. 4. b.) if quarterly payments are not made each quarter, the Life Membership funds that have been received to date will be returned to you and you will be notified that your petition for Life Membership has been cancelled.

My member number is _____. If you are a new member, please include

this form with your completed application. If you have any questions, please contact the National Office. You can use the table below to keep track of your payments. When Life Membership is paid in full, you will receive a frameable Life Membership Certificate, permanent Life Membership Card, and a Life Membership Pin.

Signed _____

Print Your Name _____

1st Payment & Date		2nd Payment & Date		3rd Payment & Date		4th Payment & Date	
Pd.		Pd.		Pd.		Pd.	
Date		Date		Date		Date	