



APCTO

ASSOCIATION OF PRIVATE CORRECTIONAL & TREATMENT ORGANIZATIONS

MEMBERSHIP APPLICATION

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS TELEPHONE _____ FAX _____

MOBILE TELEPHONE _____ EMAIL _____

NAME & TITLE OF CONTACT PERSON _____

DESCRIPTION OF ORGANIZATION _____

ANNUAL REVENUE OF APPLYING ORGANIZATION _____

TAX PAYING ORGANIZATION NON TAX PAYING ORGANIZATION

NUMBER OF EMPLOYEES _____

ARE YOU APPLYING FOR MEMBERSHIP AS A PARENT ORGANIZATION? YES NO

IF YES, PLEASE LIST THE NAMES OF SUBSIDIARIES OR OTHER LEGAL ENTITIES _____

If you are applying for individual membership, list number of years in the field of criminal justice or a related field:

_____ In what capacity: _____

YOUR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ MOBILE TELEPHONE _____

EMAIL _____

COMPANY/AGENCY _____

BUSINESS TELEPHONE _____ FAX NUMBER _____

PLEASE PROVIDE TWO BUSINESS REFERENCES

NAME _____

COMPANY _____

ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

NAME _____

COMPANY _____

ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

Please complete & return to: APCTO, 901 W. Jackson Blvd., 4th Flr., Chicago, Ill. 60607

P: (312) 733-1950, F: (312) 421-6512. Please attach brochure

or other literature. Dues payable at time of membership approval.

For additional information, please contact Nancy at (312) 733-1950 or nancy@apcto.org.