



VIRGINIA ASSOCIATION OF DIRECTORS OF CRIMINAL JUSTICE TRAINING

P. O. Box 290 Draper, VA 24324-0290

APPLICATION FOR MEMBERSHIP

NAME: _____ RANK/TITLE: _____

AGENCY: _____

MAILING ADDRESS: _____

WORK PHONE: _____ FAX: _____

EMAIL: _____

TRAINING POSITION:

ACADEMY DIRECTOR/COMMANDER _____ TRAINING SUPERVISOR _____

ASSISTANT DIRECTOR _____ OTHER _____

SUPERVISOR: _____ WORK PHONE: _____

BRIEF DESCRIPTION OF YOUR TRAINING RESPONSIBILITIES:

(If you are replacing a current member, please indicate whom.)

TYPE OF ACADEMY (CHECK ONE):

REGIONAL ACADEMY _____ INDEPENDENT ACADEMY _____ STATE ACADEMY _____

FEDERAL ACADEMY _____ AGENCY TRAINING UNIT _____

ANNUAL MEMBERSHIP DUES: \$50.00