



# Wisconsin Juvenile Detention Association

P.O. Box 20616

Greenfield, WI 53220

## WJDA Membership Application

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Department: \_\_\_\_\_

Length of Service: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Type of Membership:

Regular: \_\_\_\_\_ Associate: \_\_\_\_\_ Honorary: \_\_\_\_\_

Membership Dues Per Year: \$15.00

\_\_\_\_\_  
Applicant Signature

Please Print, Sign and Mail to: **WJDA**  
**P.O. Box 091444**  
**Milwaukee, WI 53209**