



2007-2008 Membership Application

Invoice Date _____
Due Date _____

Bill To:

Please complete the appropriate section and return this form with payment to:
 Florida Juvenile Justice Association
 1201 Hays Street, Suite 107, Tallahassee, FL 32301
Make checks payable to Florida Juvenile Justice Association

AGENCY MEMBERSHIP	Total Amount of Juvenile Services Budget for Agency	\$ _____
		x .003
You owe this amount, unless:		\$ _____
.003 is less than the minimum dues, please pay the minimum dues.	Minimum Dues	\$1,500
.003 is greater than \$12,000, please pay the maximum dues.	Maximum Dues	\$12,000
ASSOCIATE AGENCY MEMBERSHIP	<input type="checkbox"/> I certify that my agency does not qualify for full agency membership because we do not provide direct services to delinquent youth or their families.	\$500

Remittance

Amount Enclosed: \$ _____ **Check #** _____ **Date:** _____

Please help us keep our records up to date by providing any changes that may have taken place within your organization in the past year. Thank you.

Changes: _____

For Association Use Only:

Date Received _____ Date Processed _____ Amount \$ _____

Contributions made to the Florida Juvenile Justice Association, are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments may be deductible by members as an ordinary business expense. The tax deductibility of dues paid to FJJA as an ordinary and necessary business expense is subject to restrictions imposed as a result of lobbying activities. FJJA estimates that the nondeductible portion of your 2007-08 dues is 30%. The Association communicates with members through email. Please notify the Association if you would rather receive your communications through USPS.