

# PURPOSES AND OBJECTIVES OF THE KANSAS JAIL ASSOCIATION

*The mission of the Kansas Jail Association is to establish effective communication between all entities associated with the operation of county jails. Through the sharing of information and resources, and a cooperative and consistent effort, we will: promote the professionalism of personnel through education and training; assist in maintaining the safety of staff, inmates and the community; and provide all detention facilities a means by which to express ideas.*

The Kansas Jail Association was formed in the spring of 2004. The objective of the KJA is to provide jail administrators and line staff an organization by which issues of common concerns could be addressed. Also allowing for issues that effect facilities across the state to be addressed and brought to the attention of the State Legislature.

## Mailing Address for submission of Membership Fees:

Kansas Jail Association  
Treasurer  
Post Office Box 3536  
Lawrence, Kansas 66046-0536

## MEMBERSHIP CLASSIFICATIONS

**INDIVIDUAL:** Individual membership may be conferred upon any person who supports and ascribes to the purposes of the Kansas Jail Association and who is an active member of a correctional/detention facility or law enforcement agency.

**Individual Membership Fee: \$10.00/annually**

**AFFILIATE/CORPORATE:** Any person or business that wishes to financially support the programs of the Kansas Jail Association is eligible to become an Affiliate or Corporate member. These members do not hold office or have voting privileges.

**Minimum Affiliate (non-profit organization) Membership Fee: \$250.00**

**Minimum Corporate Membership Fee: \$500.00**

---

## Kansas Jail Association Membership Application

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Individual \_\_\_\_\_ Affiliate \_\_\_\_\_ Corporate \_\_\_\_\_

**PLEASE PRINT OR TYPE (Please print legibly)**

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

FEIN: 20-1132827

Kansas Jail Association - Membership  
PO Box 3536 Lawrence, Kansas 66046-0536