



# ACA Student Chapter Application

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

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

President Name: Class of: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Number of Active Members: \_\_\_\_\_ Year Founded: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Activities of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please submit the following: ACA Student Chapter Application, a copy of your organization's Constitution and By-Laws, and a roster of your members and your officers to:*

*American Correctional Association  
ATT: Membership Services  
206 N. Washington St., Suite 200  
Alexandria, VA 22314*

***Please note that your application will be vetted at our next conference and voted upon by our Committee on Membership, Board of Governors and Delegate Assembly for acceptance of affiliation.***

**Completion of this form is not automatic acceptance of affiliation.**  
**You must have at least 10 ACA active members on your roster to apply.**  
Phone: (800) 222-5646, Fax: (703) 224-0059, Email: [members@aca.org](mailto:members@aca.org)