

700 Rishel Hill Rd

Bellefonte, PA 16823

ppwa.org@gmail.com

(814) 548-1041

**Pennsylvania Prison**

**Wardens Association**

**MEMBERSHIP APPLICATION - DUES NOTICE**

**Membership dues for the year 2020**

(Membership year runs January through December)

\_\_\_\_\_ New Member \_\_\_\_\_ Active Member $75.00 annually

 \_\_\_\_\_ Retiree: $25.00 annually

 \_\_\_\_\_ Renewal \_\_\_\_ Lifetime Retiree: $150.00 one-time payment

 \_\_\_\_\_ \*Associate Member: $100.00 annually

Make checks payable to: **Pennsylvania Prison Wardens Association.**

We cannot accept credit card payments, just check or money order.

Send application along with payment to the address above.

Commonwealth employees, please email form when completed. Treasury will not forward with payment.

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

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Home information will not be shared or used for routine communications (except for retirees), but is appreciated for extraordinary circumstances and to continue communication after retirement\*\***

**Active membership** shall consist of those who at the time of application hold the position of Warden, Superintendent, Deputy Warden, Deputy Superintendent, Major, Program or Treatment Manager, the job equivalent of the aforementioned titles, Central Office staff of the PA Dept. of Corrections, members of the PA Board of Probation and Parole; *or*, any other upper or middle manager in a county, state or federal correctional facility and approved by the Membership Committee and the President. (Note: Applications for other upper/middle managers must include an endorsement from the facility Warden/Superintendent.)

**\*Associate membership** must be sponsored by an Active member of the Association and approved by the Membership Committee and the President. These membership applications should include a proposal explaining the interest in membership in the Association.