AMERICAN CRIMINAL JUSTICE ASSOCIATION--LAMBDA ALPHA EPSILON
PO Box 601047, Sacramento, CA 95860-1047
Telephone (9l6) 484-6553 FAX (916) 488-2227 e-mail: acjalae@aol.com

CONTROLLER SHEET

(use additional Sheets if needed)

Chapter Name _____ Region_____

College / University (if applicable)_____

Mailing Address _____

_____

Telephone _____ Email_____ Date _____

$40 Initiation Fee (new members) **$35 Yearly Dues**

Name	Fee	Name	Fee

_____
Name and Title of Chapter Officer / Advisor

Check # _____ Dated: _____

NOTE: Membership material will be returned to the person submitting this Controller Sheet at the address listed above.

_____ **Initiations Submitted @ $40/ea:** $ _____

_____ **Dues Submitted @ $35/ea:** $ _____

TOTAL FUNDS SUBMITTED: $ _____

_____ _____
Karen K. Campbell, Exec. Secretary Date Returned

INSTRUCTIONS: **Before mailing, please make sure all applications are complete, signed by the Chapter President and Secretary, and the fees are enclosed to cover each applicant. Chapter checks, Cashier Checks, Money Orders, and Personal Checks are accepted as payment. There will be a $25 fee for all returned checks. Make checks payable to ACJA/LAE. PLEASE SUBMIT THIS FORM IN DUPLICATE. ONE WILL BE RETURNED TO THE CHAPTER FOR YOUR RECORDS.**