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

Chapter Name _____ Region_____

Mailing Address _____

_____

Telephone _____ Email_____ Date _____

$36 Initiation Fee (new members) **$30 Yearly Dues**

Name	Fee	Name	Fee

_____
Name and Title of Chapter Officer / Advisor

Check # _____ Dated: _____

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

_____ **Initiations Submitted @ $36/ea:** $ _____

_____ **Dues Submitted @ $30/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 $20 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.**