



ILLINOIS PROBATION AND COURT SERVICES ASSOCIATION

2017 MEMBERSHIP APPLICATION INFORMATION

(January 1st to December 31, 2017)

Members are the backbone of this Association and your interest in becoming a member is appreciated. IPCSA has an active membership of approximately 1100 members and is considered one of the largest state probation associations in the U.S. (Completing all of the requested information will ensure that you receive all future mailings to the correct address.)

FULL INDIVIDUAL MEMBERSHIP RENEWAL \$50.00

Full Membership: Individuals employed by probation and court services departments and/or appointed by the court are eligible upon payment of dues for voting membership and may hold office.

FIRST-TIME FULL MEMBERSHIP \$25.00

STUDENT/INTERN MEMBERSHIP - \$25.00

Student Membership: Individuals who are full-time college students, upon payment of dues, are eligible for non-voting membership and may not hold office.

AFFILIATE INDIVIDUAL MEMBERSHIP \$60.00

Affiliate Membership: Not-for-profit organizations, law enforcement officers, correctional officers, universities, and private business firms interested in probation and court services are eligible for individual, non-voting membership and may not hold office on the Executive Board. Affiliate members are eligible to chair a committee upon approval from the Board.

AFFILIATE BUSINESS MEMBERSHIP \$200.00

ASSOCIATE MEMBERSHIP \$60.00

Associate Membership: Individuals not covered above are eligible for non-voting membership upon payment of dues and may not hold office.

JUDICIAL MEMBERSHIP \$60.00

Judicial Membership: A judge is eligible for non-voting membership and may not hold office. A Judicial member may chair a committee upon approval from the Board.

HONORARY MEMBERSHIP \$0

Honorary Membership: Members who retire after ten (10) years of active service and participation are eligible for voting lifetime membership without further payment of dues upon approval from the Executive Board. A written petition for any eligible member must be submitted to the Executive Board for approval. Honorary members may retain and complete their current term of office. Honorary members may not run for re-election.

GROUP RATES: *Group rates only available if paid prior to April 1, 2017*

- Tier 1 1-9 Members- \$50.00 Per Person
- Tier 2 10-15 Member-\$475.00 total cost
- Tier 3 16-20 Members-\$750.00 total cost
- Tier 4 21-25 Members-\$975.00 total cost
- Tier 5 26-35 Members-\$1,200.00 total cost
- Tier 6 36-45 Members-\$1,650.00 total cost
- Tier 7 46-55 Members-\$2,100.00 total cost
- Tier 8 56-70 Members-\$2,525.00 total cost
- Tier 9 71-100 Members-\$3,200.00 total cost
- Tier 10 101-200 Members-\$4,500.00 total cost
- Tier 11 201 + Members-\$6,500.00 total cost

Group Rates: 2017 Group Membership Rates include the following criteria:

-Group rates are applicable to departments who register **and pay, one-time as a group**, prior to 4/1/17

-Any registrations after 4/1/17 will pay individually

-Memberships belong to the individual and are not transferable

-How a jurisdiction existed prior the establishment of the group rates is the format in which group rates can be used. For example, if the jurisdiction runs as a "Circuit" it may utilize the group rates as a Circuit. If it is a "County" it must register as a County.

-Detention may register with their respective County or separate

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2017 MEMBERSHIP APPLICATION FORM

Please complete the following information for **each paid membership**:

This membership application is being processed as (see previous page for definitions):

- FULL INDIVIDUAL MEMBERSHIP RENEWAL \$50.00
- FIRST-TIME INDIVIDUAL MEMBER \$25.00
- STUDENT/INTERN INDIVIDUAL MEMBERSHIP - \$25.00
- AFFILIATE INDIVIDUAL MEMBERSHIP \$60.00
- AFFILIATE BUSINESS MEMBERSHIP \$200.00
- ASSOCIATE INDIVIDUAL MEMBERSHIP \$60.00
- JUDICIAL INDIVIDUAL MEMBERSHIP \$60.00
- HONORARY INDIVIDUAL MEMBERSHIP \$0
- GROUP RATES: # in group: _____ Tier: _____ Total Cost Due: _____

Are you new to the Association this year: Yes No, I've been a member since _____

Name: _____ Position/Title: _____

County / Department Name: _____ Circuit _____

Office Address: _____ Daytime Phone #: () _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____
(required to receive IPCSA correspondence)

Home Address: _____

OPTIONAL

MEMBERSHIP FEE PAID FOR BY:

- Department Applicant

I AM INTERESTED IN BEING CONTACTED TO LEARN MORE ABOUT THE FOLLOWING COMMITTEE(S):

- | | |
|--|--|
| <input type="checkbox"/> Awards Committee | <input type="checkbox"/> Program Committee |
| <input type="checkbox"/> CMO Committee | <input type="checkbox"/> Representative Committee |
| <input type="checkbox"/> Detention/JDAI Committee | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> Domestic & Victim's Concerns Committee | <input type="checkbox"/> Resource Committee |
| <input type="checkbox"/> Gender Responsive Committee | <input type="checkbox"/> Sex Offender Committee |
| <input type="checkbox"/> Interstate/Intrastate Committee | <input type="checkbox"/> Substance Abuse Committee |
| <input type="checkbox"/> Juvenile Probation Committee | <input type="checkbox"/> Supervisor's Committee |
| <input type="checkbox"/> Legislative Committee (CMO approval required) | <input type="checkbox"/> Technology Committee |
| <input type="checkbox"/> Membership Committee | |
| <input type="checkbox"/> Nomination/Elections Committee | |
| <input type="checkbox"/> Officer Safety and Wellness Committee | |
| <input type="checkbox"/> Pretrial Services Committee | |

Please send this form with your membership dues, made payable to IPCSA, to the following address:

(Payee will be responsible for any bank charges associated with insufficient funds)

IPCSA
P.O. Box 474
Effingham, Illinois 62401