

**OJACC Mission: *To bring together stakeholders to promote and support effective community corrections that enhance public safety***

***For over 35 years, OJACC has brought together Ohio’s criminal justice stakeholders to include judges, defense attorneys, prosecutors, pre-trial and probation officers, law enforcement officials, corrections officials from adult and juvenile systems, treatment providers, reentry practitioners, and victims’ representatives to promote and support effective community corrections that enhance public safety. Few other states have achieved this type of umbrella organization which represents Ohio’s collaborative efforts that have led to Ohio’s place as a leader in Community Corrections.***

***Together we:***

* ***Work with state agencies, legislators and other stakeholders on policy/issues affecting community corrections.***
* ***Hold a biennial board retreat to focus efforts of the organization and guide our mission.***
* ***Host a biennial legislative reception with OJACC member organizations to educate legislators on issues vital to the improvement of community corrections. OJACC also takes positions throughout the year on pending legislation effecting community corrections and provides input on the development of legislation.***
* ***OJACC’s Adult Community Corrections Collaborative, comprised of associations providing state-funded community corrections services, work with the ODRC for the overall improvement of these services and highlighting benefits and cost savings of community corrections.***
* ***Hold an annual conference and/or virtual learning opportunities, for personal development/networking, to educate and inform service providers and stakeholders on issues of importance to community corrections and provide tools to enhance services. Individuals and agencies are also recognized through achievement awards.***
* ***Provide newsletters throughout the year highlighting evidence-based-practices, promising practices and issues important to the field of community corrections.***

***Please consider membership in OJACC to help support these efforts.***

**OJACC Membership Application**

**Agency/Dept.:** Click here to enter text. **Name of Agency Representative:** Click here to enter text.

**Address:** Click here to enter text. **City/State/Zip:** Click here to enter text.

**Phone:** Click here to enter text. **E-Mail:** Click here to enter text.

**Type of Membership (Please Check One)**

[ ]  **Individual Membership $30 -** Allows an individual in the field of criminal justice or interested citizens to join. Individuals representing private for-profit corporations are excluded from this category. Includes discounted conference registrations.

[ ]  **Government or Private Agency** – Allows governmental or private, not-for-profit agencies to join. Examples of private agency members are halfway houses, private correctional agencies and child caring agencies. Examples of Governmental Agencies include state agencies, courts, CBCFs, probation departments. Includes discounted conference registrations for up to 5 staff from agency. **Five** members from the agency receive a $25 discount for annual conference fees. ***For agencies with a budget of less than $500,000, membership is $165 and agencies with a budget of $500,000 or greater, membership is $275****.*

[ ]  **County Membership** – Allows ***county commissioner, judge, prosecutor, chief probation officer and sheriff*** from a county to join. These offices may designate an employee from that office to represent them, but are specific to the listed positions. **Five** members from the county receive a $25 discount for annual conference fees. ***For counties with a population under 150,000, membership is $165 and counties with a population of 150,000 or greater, membership is $275.*** Includes discounted conference registrations for up to 5 staff from county membership agencies.

**Make check payable to Ohio Justice Alliance for Community Corrections and mail to PO BOX 79, New Albany, Ohio 43054**

**Or Charge Membership to:** [ ] **Visa** [ ] **Master Card**

**Name on card:** Click here to enter text. **Address on card:** Click here to enter text. **Zip Code:** Click here to enter text.

**Card #** Click here to enter text. **Expiration Date:** Click here to enter text. **3 #s from back** Click here to enter text.

***OJACC Federal Tax ID Number: 31-1255020 For questions contact*** ***dittmergr@gmail.com*** ***or 740-420-6444***