



MACT REGISTRATION FORM

Certified Criminal Justice Associate (CCJA)

Instructions: Registrations for all CCJA courses are accepted on a first-come, first-serve space available basis. To register, complete this form and send it with your registration fees and the appropriate course fee. We will acknowledge your registration by return e-mail, at least 10 days prior to the first session. Registration fees and MAAP dues are non-refundable, but tuition fees and certification fees are fully refundable upon written request up to two (2) weeks Prior to the start of the course. PLEASE NOTE THAT ONCE REGISTERED FOR A COURSE, STUDENTS ARE RESPONSIBLE FOR PAYMENT OF FULL COURSE FEES, EVEN IF UNABLE TO ATTEND ALL CLASS SESSIONS.

Name: _____ Date: _____
Address: _____ City, State, Zip: _____
Phone: _____ (Wk) _____ (Cell)
E-Mail Address: _____
Employer/Occupation: _____
Who pays for your training? _____

Registration Fee.....\$ 50.00
Course Fee.....\$350.00 (5-week course)
Membership dues.....\$ 115.00
Certification Fee.....\$ 35.00 (Certification and membership is All inclusive \$150.00 total per year for CCJA certification)

Total course fee:.....(\$550.00)

Amount PAID: _____ Amount DUE: _____
(All fees are payable at Beginning of course)

(Please Print)

Total Amount Enclosed \$ _____ Check # _____ Payable to "MAAP"

Amount Authorized to Charge Credit Card: \$ _____

Credit Card No: _____ Expiration Date: _____

Signature*: _____ Card Verification Number _____

*By signing above you authorize MAAP to charge this credit/debit card for the amount shown above. You also hereby guarantee payment of the amount shown above.

Billing Name: _____

Billing Address: _____