



Individual Member, Church, or Organization Application

Name

Affiliation

Mailing Address (Street, P.O. Box, City, State, and Zip)

Telephone

Fax

Email Address (very important)

(For Commission Membership) Chief Executive Officer, President, Bishop, Pastor (etc.)

Date of Application

Point of Contact for Lead Oversight

(For statistical purposes) Approximate membership size of your church, organization, or agency

MEMBERSHIP CATEGORY

(As desired)

- () Religious Institution/Organization \$300
() Individual Memberships \$ 50

Name as it should appear on membership card:

Method of Payment:

- () Check
Payable to National Alliance of Faith and Justice
() Money Order
() Cash

1. Are there others you would like for us to contact about joining?

2. To what extent have you already been involved in crime and criminal justice matters? _____

Forward all documentation to us as follows:

JOIN TODAY!

National Alliance of Faith and Justice
P.O. Box 77075
Washington, DC 20013
(703) 765-4459 Phone
(703) 765-9761 Fax