



NYS MICJ
New York State Minorities in Criminal Justice, Inc

Membership Application

Name: _____ Title: _____

Home Address: _____
Street City State Zip Code

County: _____ Phone (H): _____ (C): _____

Personal Email: _____

Work Email: _____

Agency | Organization: _____

Address: _____
Street City State Zip Code

Special Organizational Skills | Interests: _____

Membership Pledge: by signing this application of membership, I agree to the following conditions:

1. To support and promote the general welfare and goals of the organization and;
2. To attend or help organize scheduled regional activities and;
3. To participate in one or more annual event or community service project

Membership Category: Regular Associate

Status: New Renewal

Annual Dues Paid: Regular Membership - \$35.00 _____

Associate Membership - \$15.00 _____

Signature: _____ Date: _____

Mail check or money order payable to: NYSMICJ, Inc., P.O. Box 5062, Albany, NY 12205

OFFICIAL USE ONLY

Date received: _____ Check #: _____ Amount: _____

Membership ID: _____ Region #: _____