

NEW YORK STATE MINORITIES IN CRIMINAL JUSTICE
P.O. Box 5062
Albany, N.Y. 12205

MEMBERSHIP APPLICATION

Name: _____ Title: _____ County: _____

Birthday (month & date only): _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Business): _____ Home: _____ Email: _____

Agency/Organization: _____

City: _____ State: _____ Zip Code: _____

Title/Position: _____ Work Email: _____

Special Skills: _____

Other: _____

Membership Category (check one): New: _____ Renewal: _____

Annual Dues: Regular Membership \$35 _____ Associate Membership \$15 _____

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
2. To attend or help organize a scheduled regional activity and
3. To participate in one or more annually scheduled events of the organization

Please enclose check or money order payable to **NYSMICJ, Inc.** and mail to above address

Please advise us of any change of information to keep your record current

Signature: _____ Date: _____

OFFICIAL USE ONLY

Date Received: _____ Check #: _____ Membership ID #: _____ Region: _____

Money Order: _____ Membership Category: _____ Amount: _____ County: _____

CC: MICJ Membership Cmte.
Local Region
Member