

Louisiana CURE

Citizens United for the Rehabilitation of Errants
Annual Membership Form

Date

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone: _____

USE IF YOU HAVE A LOVED ONE OR FRIEND CURRENTLY INCARCERATED:

Full Name: _____ Number: _____

Dorm or Location Info: _____

Mailing Address: _____

Please let us know if the mailing address or dormitory location changes...mail is NOT forwarded!!

TYPE OF MEMBERSHIP: (Please Check)

New Renewal Currently Incarcerated (\$3.00 or 6 Stamps are okay).
(This membership MUST include the DOC number to La CURE).

DUES:

Basic Individual (**\$10.00 by Check, Money Order, Cash**) Basic Individual (**\$12.00 by PayPal**)

Family (**\$20.00 by Check, Money Order, Cash**) Family (**\$24.00 by PayPal**) Other

Please include me on the newsletter mailing list and email list.
(Donations for postage added: \$_____).

TOTAL : \$ _____

Mail Check Payments to:

Louisiana CURE
P. O. Box 181
Baton Rouge, LA 70821

PayPal Link:

<http://www.paypal.me/lacure880>