

New York State Minorities in Criminal Justice Inc.

Dedicated to Professionalism, Excellence, Equal

Opportunity and Equal Justice for All

Membership Application

County: Phone (H): Imail: Igency Organization: Street City Special Organizational Skills Interests: Image: Image: Street City Special Organizational Skills Interests: Image: Image: Image: Street City Street City Street City Street City Image: Street City Image: Street City Street City Street City Image: Street City Street City Street City Street City Replication of members Image:	ame:		Title:					
County: Phone (H): Imail: Igency Organization: Street City Special Organizational Skills Interests: Image: Image: Street City Special Organizational Skills Interests: Image: Image: Image: Street City Street City Street City Street City Image: Street City Image: Street City Street City Street City Image: Street City Street City Street City Street City Replication of members Image:	ome Ado	dress:						
gency Organization:		Street		City	State	Zip Code		
gency Organization:	ounty: _	Ph	one (H):		(C):			
Street City Special Organizational Skills Interests: Membership Pledge: by signing this application of members on ditions: 1. To support and promote the general welfare and goan 2. To attend or help organize scheduled regional activities 3. To participate in one or more annual event or communications: Membership Category: Regular Associate Status: New Renewal Innual Dues Paid: Regular Membership - \$35.00 Associate Membership - \$15.00 Mail check or money order payable to: NYSMICJ, Inc., P.0	mail:							
Street City Special Organizational Skills Interests:	gency (Organization:						
Street City Special Organizational Skills Interests:	ddress: _							
Membership Pledge: by signing this application of members on ditions: 1. To support and promote the general welfare and goa 2. To attend or help organize scheduled regional activiti 3. To participate in one or more annual event or communifembership Category: □ Regular □ Associate Status: □ New □ Renewal Innual Dues Paid: Regular Membership - \$35.00 Associate Membership - \$15.00 Signature: Mail check or money order payable to: NYSMICJ, Inc., P.0					State	Zip Code		
1. To support and promote the general welfare and goal 2. To attend or help organize scheduled regional activiti 3. To participate in one or more annual event or communication of the second of the s	pecial O	rganizational Skills Intere	ests:					
Associate Membership - \$15.00	embersł	nip Category: Regular Status: New Re	Associate newal		ty service proje	∍ct		
Mail check or money order payable to: NYSMICJ, Inc., P.O	illiuai Di	<u> </u>	•					
	ignature				Date:			
OFFICIAL USE ONLY	Mail che				Box 5062, Alb	any, NY 12205		
Date received: Check #: Region								