

Advocates for Change



MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Name:		Today's Date:
Email:		
Home Phone:	Work Phone:	Cell Phone:
Current Address:		
City:	State:	ZIP Code:
MAILING INFORMATION (Complete this section to receive the AFC Newsletter by mail)		
Name:		
DOC #:		
Facility:		
Address:		
City:	State:	ZIP Code:
Additional Information:		
CHECK THE APPROPRIATE BOX		
	TYPE OF MEMBERSHIP	COST
<input type="checkbox"/>	Person in Criminal Justice System	8 US. Postage stamps per year
<input type="checkbox"/>	Parolee	\$5.00 per year
<input type="checkbox"/>	Family Member Dues	\$20.00
<input type="checkbox"/>	Additional Donation (optional)	Amount:
OTHER COMMENTS:		

Bring your completed form and membership dues to any AFC Meeting or
 Mail your completed form and membership dues to: **Advocates for Change**

**PO Box 103392
 Denver, CO 80250**

***For questions or more information
 call (720) 329-9096 or email advocates4changeafc@yahoo.com