



## LOUISIANA CURE MEMBERSHIP FORM

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Email address: \_\_\_\_\_

### Involvement (circle one):

Prisoner / Friend / Professional / Family / Volunteer Other: \_\_\_\_\_

### Type of Membership (Check One):

\_\_\_\_\_ Prisoner-\$2.50\*

\_\_\_\_\_ Individual-\$10.00

\_\_\_\_\_ Family-\$20.00

\_\_\_\_\_ Other

\_\_\_\_\_ Please place me on your mailing list.

\_\_\_\_\_ Enclosed is a donation for postage.

\*Prisoners may send in stamps for their membership\*

DUES ARE PAYABLE on a yearly basis for one year from the first of the month that you joined.

Prisoner members need to include LADOC number on all communications to Louisiana CURE.

Please make checks payable to "**LOUISIANA CURE**".

Louisiana CURE  
Citizens United for Rehabilitation of Errants  
P.O. Box 181  
Baton Rouge, LA 70821