

INDIVIDUAL MEMBERSHIP FORM

Yes, I'll support Massachusetts juvenile justice reform by joining Citizens for Juvenile Justice! My membership dues are enclosed.

1 Please provide us with your cont	tact information		
Name:			
Work contact info:	Но	me contact	info:
Title:	St	reet addres	s:
Organization:		ty:	
Street address:	St	ate:	Zip code:
City:	Ph	ione:	
State: Zip code:	Fa	x:	
Phone:	En	nail:	
Fax:			
Email:			
Preferred contact: ☐ Work ☐ Ho	me		
* (Many Massachusetts organization an organizational member, you are employer is a member, please give a Student/Limited Additional Donation: Support Cf.)	re entitled to the reduced associate us a call.) d Income: \$15 J's advocacy, policy developme	e rate for ind	ational members of CfJJ. If your employer is ividual membership. If you are not sure if you trainly actional programs with a donation, in
addition to your dues! Please check	k the appropriate level:		
☐ Friend: up to \$1	00 □ Sponsor: \$101–\$999	Be □ Be	nefactor: \$1,000 and up
Total: Dues (2) \$ + Citizens for Juvenile Justice is a tax Your membership dues and contri	x-exempt 501(c)(3) public char	ity.	
5 Please mail application and che	ck to:		
Citizens for Juvenile Justice	TEL: 617.338.1050		
44 School Street, Suite 400	EMAIL: cfjj@cfjj.org		
Boston, MA 02108	WEB: www.cfjj.org		