



# Annual Membership Form

TODAY'S DATE (MMDDYY): \_\_\_\_\_

I want to support the mission of Kodiak Reentry, Inc. through an annual membership.

## Kodiak Reentry, Inc. Mission Statement

*We are committed to creating and maintaining an inclusive, healing environment for individuals returning to the community from incarceration. We pledge to educate and advocate for reentrants from all walks of life in a concerted effort to inspire long-term change and success.*

NAME:			
MAILING ADDRESS:		CITY/STATE/ZIP:	
PHONE:		<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cellphone	
EMAIL:			

**ANNUAL MEMBERSHIP OPTIONS:** *Memberships are valid January 1<sup>st</sup> through December 31<sup>st</sup>*

- |  |  |   |
|--|--|---|
| <input type="radio"/> Reentry Participant: <b>FREE</b> | <input type="radio"/> General Membership: \$20 | <input type="radio"/> Business: \$500   |
| <input type="radio"/> Senior/Student: \$10             | <input type="radio"/> Supporting: \$50 - \$250 | <input type="radio"/> Lifetime: \$1,000 |

*NOTE: If the membership fee is a financial hardship, please contact Kodiak Reentry Staff. We commit to never allow membership fees to be a barrier to participation in Kodiak Reentry, Inc.*

## I WOULD LIKE TO BE ADDED TO THE KODIAK REENTRY, INC. NEWS & ANNOUNCEMENTS LIST:

- Yes, please add my contact information.
  No, thank you.

## I AM INTERESTED IN VOLUNTEERING AT KODIAK REENTRY, INC.:

- Yes, please contact me with more information.
  No, thank you.

*If yes, when and how is the best time(s) and way(s) for our staff to contact you?*

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I GIVE PERMISSION FOR MY NAME/BUSINESS TO BE PUBLICLY ACKNOWLEDGED?  Yes  No