



Lifetime Membership Form

TODAY'S DATE (MMDDYY): _____

I want to support the mission of Kodiak Reentry, Inc. through a lifetime 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 1st through December 31st*

- Lifetime Individual: \$1,000
 Lifetime Business: \$1,000
 Complimentary (\$1,000 + Donors)

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?

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