

**Please use this form if you choose to donate or join by mail.**

Make payment payable and mail to:

( This form when folded should show an address in window envelopes )

**CURE National**  
 Membership  
 PO box 2310  
 Washington DC 20013-2310

**CURE National**  
 Membership  
 PO box 2310  
 Washington DC 20013-2310

Provide information below: If joining on behalf of a prisoner please be sure to provide the full institutional address. You may use comments section for additional information.

<b>Your Name:</b>	<i>Last:</i>	<i>First:</i>
<b>Street Address:</b>		
<b>City/State/Zip:</b>		
<b>Email:</b>		
<b>Prisoner Number:</b>	If a prisoner membership	
<b>Type of Membership:</b> Check appropriate box  This is a donation in the amount of:  \$ _____	Prisoner <input type="checkbox"/> \$5.00 Individual <input type="checkbox"/> \$10.00 Family <input type="checkbox"/> \$20.00 Sustaining <input type="checkbox"/> \$50.00 Life <input type="checkbox"/> \$100.00 Institutional \$75.00 <input type="checkbox"/> \$500.00 Trustee: <input type="checkbox"/>	
<b>Phone:</b>		
<b>Comments:</b>		