National Coalition To Protect Civil Freedoms (NCPCF)
Washington, D.C.

Individual Membership Form

Select membership type: □ Active Plus □ Active □ Associate

__________________________________________________________________________
Name

Profession
__________________________________________________________________________
Address
City
State
Zip Code

Tel. Numbers (C/H/O) (Please circle) E-mail

Tel. Numbers (C/H/O) (Please circle) E-mail

Tel. Numbers (C/H/O) (Please circle) E-mail

Please provide 3 references (list full names and cities):
1. ____________________ 2. ____________________ 3. ____________________

(Please place X on any committee that is of interest to you. Don’t check more than 2 committees.)

□ Policy/Planning □ Education/Outreach □ Development
□ Legal □ Media/Public Relations □ Prisoners/Families

Signature
Date

Date of Processing: ________________

Date of Approval: ________________

S.C. Secretary

* Associate members pay no dues and have no voting rights.
Active members vote in chapter’s elections and pay dues of $10/mo. and receive benefits.
Active Plus members vote in chapter’s elections and pay dues of $21/mo and receive extended benefits.
For list of benefits see PS #2 (8): http://www.civilfreedoms.org/?page_id=868