

Craven/Pamlico Co. Reentry Council

MEMBERSHIP APPLICATION (Please Print)

Date: _____

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Contact Person: _____

Job Title: _____

Phone: _____ E-mail Address: _____

Other Organization Representatives:

Name: _____

Name: _____

Name: _____

Type of Organization:

___ Public ___ Private ___ Non-Profit (501 C 3 Only) Years of Operation: _____

Services Offered:

Advocacy ___ Supportive ___ Employment ___ Housing ___ Other _____

List other services offered to people with criminal records:

References: (Please list two references)

Full Name: _____

Company: _____

Relationship: _____ Phone: (____) _____

Full Name: _____

Company: _____

Relationship: _____ Phone: (____) _____

How did you hear about Craven/Pamlico Reentry Council:

___ Media ___ Word of Mouth ___ Attended CPRC Meeting ___ Client

___ Brochure ___ CPRC Member, if so member name: _____

Membership shall consist of the Craven/Pamlico Reentry Council, and Agency Representatives. Interested agencies must complete an application that will be reviewed by the Craven/Pamlico Reentry Council which will determine Membership based on Board criteria. Agencies can consist of more than one representative (a list of agency representatives will be requested at application). Each agency will have one (1) vote for each ballot and agency will select which representative will vote for the agency.

Meetings:

Quarterly meetings will be scheduled quarterly at the Craven/Pamlico Reentry Council's discretion. (Recommendation: Third Thursday, every quarter at 12:00 pm. Quarterly meetings are always open to the public.

Signature of authorized person of the above mentioned organization:

___ Check # and Confirmation.

___ Seeking waiver of membership fee.

Signature

Date