



One Village One Voice

MEMBERSHIP ENROLLMENT

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Suffix	Date
_____	_____	_____	_____	_____
Address	Apt. #	City	State	Zip Code
_____	_____	_____	_____	_____
Home Phone	Mobile Phone	Alternate Phone	Email Address	
_____	_____	_____	_____	
_____	_____	_____		
Date of Birth	DOC/Gallery #	Social Security Number		

MEMBERSHIP CATEGORY

- Person with a Felony Conviction (PWFC)**
- Immediate Family of PWFC (Name of Family member(s)):** _____

- Associate Member**
- Non-Voting PWFC**

MEMBERSHIP FEE (Make Checks Payable to: Members Of The Village, Empowered, Inc.)

- Six Month - \$25.00**
- One Year - \$50.00**
- Associate One Year - \$20**

FOR BUSINESS PURPOSES

Date Fee Paid in Full: _____	Collected by: _____
Membership Expiration Date: _____	Membership #: _____
Status Verification Date: _____	
Verified By: _____	Referred by: _____

PRIVACY ACT STATEMENT: SSN is requested to verify PWFC status. It will not be used for any other purposes, or supplied to anyone outside the organization, with respect to applicable laws. Failure to provide the number will not be used to deny membership or eligible services. However, failure to verify status may be a reason for denial of services.