



JUST Membership Application

Name: _____

Address: _____

City _____

State ____

Zip Code _____

Email: _____

Telephone (____) _____ (optional)

Yearly Membership Level:

\$0 Incarcerated/Formerly incarcerated

\$5 Low Income

\$25 Basic

\$100 Justice Supporter

\$250 Justice Advocate

(Membership fees are not tax-deductible)

Pay via [PayPal](#) or check to “Justice and Unity for the Southern Tier”, mail to JUST, POB 93, Bible School Park, NY 13737

Paypal QR code link:



Volunteer Interests:

Advocacy Book of the Month Re-Entry Research

Jail Visiting/Calling Social Media Grant Writing Publications

Other _____

Special Skill/Languages? _____