



Membership Enrollment Form
Fiscal Year 2024

Individual Member
\$25, 1 voting representative

Individual or Organizational Affiliate
No cost

Organization Member
\$100, up to 2 voting representatives

Individual or Organizational Guest
No cost

Name (Individual or Organization) _____

Mailing address _____

Phone number _____

Email _____ Website _____

For Organizations Only:

Briefly describe your organization's mission and how it relates to participation in the BCRC:

Voting representatives *(This section is necessary only for paid memberships)*

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Alternate representative Name / Title: _____ / _____

Paying members and affiliates will have the privilege to submit information for Facebook, group emails and any other Coalition-wide media. Guests are welcome to share information with the Coalition. Money from memberships is utilized to help people identified as reentry participants overcome barriers such as ID restoration, transportation needs, etc. Only members are permitted to participate in matters on which the organization must determine by vote or ballot.

*Checks should be made payable to **Big Country Reentry Coalition**, memo membership.*

Send an email to bigcountryreentrycoalition@gmail.com if an invoice is required for your records.

I have enclosed this year's membership fee.

Please return this form with your membership fee to:

Big Country Reentry Coalition
P.O. Box 4251, Abilene, TX 79608