

Colorado-CURE Membership Application

Go to the *file > print* menu or the Printer Icon of your browser to print out this page.
Complete this form by **printing legibly**...
then mail it along with your donation to the address listed below.
We hold your information in the strictest confidence.

Name:	
Address:	
City, State, Zip:	
Home Phone:	
Work Phone:	
Cell Phne:	
E-Mail:	
Prisoner Name:	
DOC #:	
Facility:	
Address:	
City, State, Zip:	

Check One

- Prisoner** – 8 postage stamps per year.
- Basic** - \$10.00 per year.
- Family** - \$20.00 per year.
- Sustaining** - \$50.00 per year.
- Life** - \$100.00
- Please place me on your mailing list as a non-member.**
(Enclose is a donation to cover printing and mailing costs.)

Send payment to:
Colorado-CURE
3470 S. Poplar St. #406
Denver, CO 80224
Phone: 303.758.3390 | **Fax:** 303.758.7627
Email: Dianne@ColoradoCure.org