

CAPPS MEMBERSHIP FORM

Please add my name to the CAPPS membership list.

My tax deductible contribution, payable to "CAPPS," is enclosed.
My membership category is:

- Prisoner -- \$10
- Student -- \$10
- Friend (individual/family) -- \$25
- Supporter -- \$50
- Partner (individual/organization) -- \$100
- Patron -- \$250
- Benefactor -- \$500
- Other -- \$

Name: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Please be sure to:

Indicate your membership category.
Make your check payable to "CAPPS".
Mail it with this form to:

*403 Seymour Ave., Suite 200
Lansing, MI 48933*