



Join Public Justice

Individuals may join or renew at any level.

Firms may join or renew at the Benefactor, Patron, Guardian or Visionary levels, which include from three to 30 individual memberships for the firm.

Please enroll me at the following level:

- | | |
|---|--|
| <input type="radio"/> Student: \$25/yr. (Year Graduated:____) | <input type="radio"/> Advocate: \$250/mo. or \$3,000/yr. |
| <input type="radio"/> Associate Member: \$5/mo. or \$60/yr. | <input type="radio"/> Benefactor: \$500/mo. or \$6,000/yr. |
| <input type="radio"/> General Member: \$25/mo. or \$300/yr. | <input type="radio"/> Patron: \$1,000/mo. or \$12,000/yr. |
| <input type="radio"/> Supporting Member: \$50/mo. or \$600/yr. | <input type="radio"/> Guardian: \$2,500/mo. or \$30,000/yr. |
| <input type="radio"/> Sustaining Member: \$100/mo. or 1,200/yr. | <input type="radio"/> Visionary: \$5,000/mo. or \$60,000/yr. |

I would like to pay my membership dues: monthly* annually

**I understand my membership will automatically renew at the same level unless I notify Public Justice Foundation to cancel.*

I want to make a one-time special gift to:

- Roadmap to Change \$_____
- Other (Specify project and amount) \$_____

Project:_____

Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____ Phone Type: _____

Referred By:_____

Charge my Visa MasterCard American Express Discover*

a total of \$_____

Credit Card Number: _____

Expiration Date: _____ CSC : _____ Signature: _____

My check is enclosed/attached

Please make your tax-deductible membership or special gift payable to:

Public Justice Foundation
1620 L Street, NW, Suite 630
Washington, DC 20036

*Consider giving securely online at www.publicjustice.net/support-us/