



Membership Application

Individual Members

Individual Members are people (not organizations) who support the mission and vision of the CJNVT and who may or may not provide restorative justice services.

Name _____

Address _____

Email _____ Phone _____

May we send all correspondence to you via email? _____yes _____no, I prefer paper copies

What is your interest in restorative justice practices?

How do you hope you will benefit as a member of the CJNVT?

How do you see yourself contributing to the mission and vision of the CJNVT?

Dues

Do you volunteer a minimum of 20 hours per year for a restorative justice program operated by an organization that is a Principal Member of the CJNVT

- Yes No

If yes, dues are \$10 per year.

Name of organization where you volunteer _____

If no, dues are \$25 per year.

CJNVT membership also necessitates responsibility. Please read and sign below to confirm your intentions to uphold your responsibilities as a member.

As a member of the CJNVT network, and by my signature below, I agree to:

- Embrace, and promote the principles of restorative justice;
- Participate in the consensus decision-making process when appropriate;

- Promote collaboration, cooperation, trust and partnership among CJNVT members;
- Champion the CJNVT in interactions with outside partners and stakeholders;
- Follow the Articles of Incorporation, bylaws and policies of the CJNVT;
- Pay yearly dues.

Signature

date

Mail to:

CJNVT

PO Box 1539

Montpelier, VT 05601