



Membership Application Principal Members

A Principal Member is an organization that operates one or more restorative justice programs in Vermont.

Organization _____

Address _____

Designated Representative _____

Email _____ Phone _____

What is your organization's structure?

- independent non-profit
- non-profit hosted by larger organization
- municipal government
- other _____

What is your organization's mission?

How do your organization's mission and practices align with the vision and mission of the CJNVT?

Name and briefly describe the restorative justice programs your organization operates

Dues

Dues are calculated based on the organization's total revenue of prior fiscal year for the organization. Dues are for July 1 – June 30; they are not prorated. The full amount is due regardless of the start date of membership; however, members who join after April 1 will be credited with membership for the following fiscal year.

Revenue (subject to confirmation) _____ for **fiscal** year

Signature _____

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, and by my signature below, I agree to:

- Embrace, and promote the principles of restorative justice;
- Adhere to formal CJNVT standards of restorative practice;
- Demonstrate commitment to the CJNVT through meeting attendance, payment of dues, governance, and committee participation;
- Follow the Articles of Incorporation, bylaws and policies of the CJNVT;
- Stay informed about the CJNVT mission, strategic plan and current priorities and activities;
- Make decisions that further the mission of CJNVT;
- Participate in the consensus decision-making process when appropriate;
- Promote collaboration, cooperation, trust and partnership among CJNVT members;
- Contribute unique skills and expertise to the CJNVT;
- Participate in evaluation and other data initiatives;
- Champion the CJNVT in interactions with outside partners and stakeholders;
- Annually verify compliance with CJNVT standards and member responsibilities.
- Pay Yearly Dues

Signature

Date

Mail Application to:

CJNVT

PO Box 1539

Montpelier, VT 05601