



Lanark County  
Community Justice Program

## MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_ (Postal Code)

Phone: (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

Email: \_\_\_\_\_

I am eighteen years of age or older. Yes No (Circle one)

I agree with the Mission, Vision and Values of the Lanark County Community Justice Program Inc. which appear below. Yes No (Circle one)

**VISION:** Our community that embraces restorative practices to repair harm, build community and strengthen relationships.

**MISSION:** To provide and promote the community use of restorative practices.

**VALUES:**

- Inlusiveness: Creating safe, respectful spaces where all people can “speak their truths” in an open and honest way.
- Responsibility: People are responsible for their actions and are accountable to others.
- Trust: By building, maintaining and restoring relationships, our community becomes stronger.

Please add me to the email distribution list. Yes No (Circle One)

My annual membership fee of \$5.00 is enclosed/attached.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Approval by a Director: \_\_\_\_\_ Date approved: \_\_\_\_\_