

# METROPOLITAN CRIME COMMISSION, INC. MEMBERSHIP FORM

**Yes, I wish to help the Metropolitan Crime Commission expose and suppress crime and corruption.**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

- \$1,000.....WATCHDOG
- \$500 - \$999.....CRIME FIGHTER
- \$250 - \$499.....CONCERNED CITIZEN
- \$100 - \$249.....VOTING MEMBER
- \_\_\_\_\_.....OTHER

**Please make checks payable to:**

Metropolitan Crime Commission, Inc.  
1615 Poydras Street, Suite 1060  
New Orleans, LA 70122  
(504) 524-3148

- If you work for or are retired from a matching gift company, remember to enclose your firm's gift form along with you contribution.

**Charge to my:**    MasterCard    Visa    Amex

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_    Security Code: \_\_\_\_\_

Charge Amount: \$ \_\_\_\_\_

Signature shown on card: x \_\_\_\_\_