STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

REQUEST FOR APPROVAL TO FORM AN INMATE ORGANIZATION

Please Type or Print One Copy Only

GROUP NAME	FACILITY	DATE OF APPLICATION

PROPOSED PROGRAM (*Type of Activity and goals*) **EXISTING PROGRAM** ☐ **NEW PROGRAM** ☐ **CHANGED PROGRAM** ☐

OUTSIDE ORGANIZATION SPONSORING GROUP

OUTSIDE CONTACT PERSON (Name, Address, Telephone Number)

MEMBERSHIP REQUIREMENTS

DUES $_____ **MONTHLY** ☐ **ANNUALLY** ☐ **WEEKLY** ☐

PROVISION FOR THE WAIVER OF DUES **YES** ☐ **NO** ☐

MEMBERSHIP SIZE

FINANCIAL RESOURCES (Other than dues)	PHYSICAL REQUIREMENTS (equipment, space, etc.)

MEETINGS	WEEKLY	MONTHLY	TIME	NUMBER ATTENDING	PLACE
Full Membership	☐	☐	_____	_____	_____
Executive Board	☐	☐	_____	_____	_____
Special Committees	☐	☐	_____	_____	_____

ANTICIPATED SPECIAL PROJECTS OR EVENTS

INMATES REQUESTING PROGRAM (Three Signatures are Required)

Signature	DIN	Signature	DIN	Signature	DIN

FORM 3087 (10/13)