

Families United to End LWOP (FUEL) “Inside” Membership Application

Are you serving an LWOP sentence and would like to join the struggle to end LWOP? If so, we invite you to become an “Inside” Member of FUEL by filling out and returning this application.

Name: _____
Last First cdc number

Institution: _____ housing: _____

Mailing Address: _____

PO Box or Street Address City State Zip code

Are you serving an LWOP sentence? _____ Age at time of Offense: _____

Is this your first time in prison? _____ How long have you been in prison? _____

How can you contribute your talents to help end LWOP? (Are you a writer, have legal knowledge, artist, poet, etc.?)

Would you like to place a family member, friend, or loved one on FUEL’s email list? Please provide their name and email address below:

1) _____ 3) _____
email _____ email _____
2) _____ 4) _____
email _____ email _____

[] Please send me a brochure about organizing a FUEL chapter at my institution.

Signature: _____ Date: _____