MONTANA COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE
PO Box 818 • Helena, MT • 59624
TEL (406) 443-7794 • TOLL FREE (888) 404-7794 • mtcoalition@mcadsv.com • www.mcadsv.com

Membership Application For Organizations and Individuals

Mission

MCADSV is a statewide coalition of individuals and organizations working together to end domestic and sexual violence through advocacy, public education, public policy, and program development.

We envision a Montana that honors individual dignity and celebrates diversity, equality, and peace.

Inspire. Engage. Mobilize!

Organizational Membership: $250.00

- Open to domestic and sexual violence programs, victim witness programs, or other nonprofit or public organizations with an interest in addressing domestic or sexual violence.
- "Designated Key Representative" of the organizational member has a voice/vote in the decision making process and may hold office on the MCADSV Board of Directors.

Individual Membership: $50.00

- Open to any individual with an interest in addressing domestic or sexual violence.
- Each individual member has a voice/vote in the decision making process and may hold office on the MCADSV Board of Directors.

All MCADSV Members Receive a Great Deal of Benefits of Membership Including:

- Regular email updates and information as well as action alerts on state and federal policy.
- Access to MCADSV trainings and conferences. (scholarships available)
- Opportunities to network with other members at MCADSV's membership and regional meetings throughout the state.
- Extensive resource library, access to technical assistance, and webinars on a wide variety of topics.

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MEMBER INFORMATION

Name of Individual _____

Organization _____

Mailing Address _____

_____

Phone _____ **Fax** _____

E-mail **(for receiving e-communications from MCADSV)**_____

Website _____

Counties Served (if applicable)_____

I have read the attached materials regarding the Coalition; understand my responsibilities as an Active Individual Member of the Coalition; and support the goals and philosophy statement of the Coalition.

Signature_____ Date _____

Thank you for your interest in joining MCADSV!

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INVOICE

2017 Individual Membership Dues

Individual Name: _____

2017 Membership Dues: $50

If you wish to join or renew your MCADSV membership, but are unable to pay your dues in full at this time, please choose option "B" below and indicate your request to the MCADSV Finance Committee to approve your request for reduced membership dues.

A. ☐ I would like to join/renew my MCADSV membership and enclosed is a check for $50.

B. ☐ I would like to join/renew my MCADSV membership but am unable to pay the dues in full at this time, and am requesting a review by the MCADSV Finance Committee for reduced or "sliding fee scale" dues for 2016.

Reduced Membership Dues Amount Requested: $_____ (please indicate amount you can afford to pay)

Please note that this request is for 2017 dues only. Each year will require a new request, consideration, and approval by the Finance Committee for reduced membership dues.

Please return completed forms and your payment to:

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PO Box 818
Helena, MT 59624