



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 **all programs** who are victim service organizations (this includes community based programs, victim witness, and other entities including 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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INVOICE

2018 Organization Membership Dues

Organization Name: _____

2018 Membership Dues: \$250

If your organization wishes 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. Our organization would like to join/renew our MCADSV membership and enclosed is a check for \$250.
- B. Our organization would like to join/renew our MCADSV membership but are unable to pay the dues in full at this time, and are requesting a review by the MCADSV Finance Committee for reduced or "sliding fee scale" dues for 2018.

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

Please note that this request is for 2018 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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MEMBER INFORMATION

Name of Organization _____

Primary Contact Person/Title _____

Mailing Address _____

Business/Administrative Phone _____ Crisis Line _____

24-HR Crisis Line? Yes No

Fax _____ E-mail _____

(for receiving e-communications from MCADSV)

Website _____

Designated Key Representative: _____

- *The key representative is the person who will have a vote in the decision making process. Any other staff who would like to have a vote will need to complete an individual application.*

Key Representative E-mail: _____

Counties Served: _____

Number of paid staff: _____ Full-time _____ Part-time (Please list all staff for your organization on next page)

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

Signature _____ Date _____

Thank you for your interest in joining MCADSV!

Please list all of the staff for your organization. This will help MCADSV ensure that all staff are on our distribution lists for updates, newsletters and mailings.

Staff Name: _____

Staff Email: _____

Position: _____

Staff Name: _____

Staff Email: _____

Position: _____

Staff Name: _____

Staff Email: _____

Position: _____

Staff Name: _____

Staff Email: _____

Position: _____

Staff Name: _____

Staff Email: _____

Position: _____

Staff Name: _____

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