



**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**

### **2020 Organization Membership Dues**

**Organization Name:** \_\_\_\_\_

**2020 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. You may also pay with a credit card via Coalition Manager. Please contact Michelle at [mhopkins@mcadsv.com](mailto:mhopkins@mcadsv.com) for more info.

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 2020.

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

*\*\*Please note that this request is for 2020 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:**

Montana Coalition Against Domestic and Sexual Violence  
PO Box 818  
Helena, MT 59624



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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 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:** \_\_\_\_\_

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