Arizona Coalition Against Domestic Violence

To lead, to advocate, to educate, to collaborate, to end domestic violence in Arizona.

Membership Prices & Benefits

Domestic Violence Program Members:

Programs whose primary services are for victims of domestic violence and/or programs whose primary purpose is to prevent domestic violence.

Benefits of Membership for Domestic Violence Program Members:

- One free legal advocacy training (32 Hour Training) (\$100 value)
- Reduced rate of \$50 each for two employees to attend The Sharing Experience (40 Hour Training) (\$150 value)
- Discount to and early notification of Annual Conference (\$75 off per person)
- Free training, software and ongoing technical assistance for Shelter Base (\$1000 value for software and \$300 value annually for ongoing training and TA)
- A certificate of membership and membership card
- Participation in AzCADV Annual Meeting and other membership events/meetings
- Copies of AzCADV quarterly and special edition newsletters and AzCADV Annual Report
- Referrals to local resource fairs/ outreach opportunities

- Regional and General Trainings
- Systems Advocacy Training
- Technical Assistance and Support
- Access to AzCADV's account for telephone based interpreting services
- Access to wide array of AzCADV materials (brochures, shoecards) and promotional items (pens, buttons, etc.)
- Participation on AzCADV Residential Programs Committee for shelters and transitional housing programs
- Shared information from national network of domestic violence providers
- Regular notification of information regarding domestic violence

| (Indicate appropriate annual membership fee) |
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Please Complete the Following Form

Please Check One

| \square Organization Budget of \$100,000 or less | \$200 | |
|---|-----------------------------|--|
| Organization Budget of \$100,001 - \$300,000 | \$400 | |
| Organization Budget of \$300,001 - \$600,000 | \$600 | |
| Organization Budget of \$600,001 - \$900,000 | \$800 | |
| \square Organization Budget of \$900,001 and above | \$1000 | |
| Payment Options: Annually | ☐ Semi-Annually ☐ Quarterly | |
| Upon completion, please copy this form for your records and send the original, along with appropriate payment, to the address listed below. Please email or fax the completed form to our office if you would like to be called for your payment to be processed with a credit card | | |
| Name/Title | | |
| Agency | | |
| Address | | |
| City, State, Zip | | |
| Phone | _ Fax | |
| Email | | |
| | | |



By signing this application, I agree with and support the mission statement, vision statement, and guiding principles of the Arizona Coalition Against Domestic Violence.

☐ Please **DO NOT** include me on AzCADV's Mailing List

Please **DO NOT** include me on AzCADV's Legislative Action Alert and Information Email List *All informational items will be shared via email unless a specific request is made for a hard copy to be mailed.

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