**Illinois Coalition Against Domestic Violence**

**Membership Criteria and Fee Structure - At A Glance**

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| **FRIEND OF ICADV** | |
| **Requirements:** | An individual who supports the vision and mission of ICADV.  Please see and sign the assurances. |
| **Fee:** | $25.00 per year |
| **Benefits:** | Friends will receive information regarding trainings, public policy, newsletters and may sit on an ICADV committee. |

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| **COMMUNITY PARTNER OF ICADV** | |
| **Requirements:** | Non-profits, for profits and government agencies that support the vision and mission of ICADV and are acceptable to local ICADV members.  Please see and sign the [ICADV Membership Assurances](http://www.ilcadv.org/Get_Involved/Assurances4ICADVMembers&letterhead.pdf). |
| **Fee:** | $250.00 per year |
| **Benefits:** | Community Partners will receive information regarding trainings, newsletters, public policy and a representative may sit on an ICADV committee.  Community Partners may also choose one of the following benefits:  (1)  receive one free training registration for a specified training, or (2)  receive up to $100 worth of ICADV resources, chosen by the Community Partner. |

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| **VOTING BOARD MEMBER OF ICADV** | |
| ICADV Voting Board Members are comprised of two types of member agencies:   * Domestic Violence Service Providers * Partner Abuse Intervention Programs   BOTH TYPES MUST SUPPORT THE VISION AND MISSION OF ICADV. Please see and sign the [ICADV Membership Assurances](http://www.ilcadv.org/Get_Involved/Assurances4ICADVMembers&letterhead.pdf) for those requirements. | |
| **VOTING BOARD MEMBER TYPE 1** -- Domestic Violence Service Provider | |
| **Requirements:** | Not for profit organization that provides free, direct, victim-centered services to domestic violence victims and their vulnerable family members; 24 hour response by trained staff; access to shelter; and at least three of the following: (1) walk in counseling (individual and/or group), (2) legal/court advocacy, (3) children's ervices, or (4) information and referral. |
| **Fee:** | ½ of 1% of the previous year's domestic violence services expenses. The minimum annual dues for a voting board member is $500 with a a maximum due of $2,500. |
| **Benefits:** | Becoming an ICADV Voting Board Member has a [variety of benefits.](http://www.ilcadv.org/Get_Involved/JoinICADV/voting_member_rewards.html) |
| **VOTING BOARD MEMBER TYPE 2** -- Partner Abuser Intervention Services Provider | |
| **Requirements:** | Must be a State of Illinois protocol approved program that provides, on a sliding scale, abuser education services by trained staff that include at least the following:  (1) place the safety and rights of victims/survivors at the highest priority to stop domestic violence;  (2) educate that abuse can never be condoned under any circumstance; (3) help perpetrators acknowledge that they are responsible for their violent and/or abusive behaviors; (4) teach the causes and forms of domestic violence; (5) assess the history of the perpetrator's relationship, as a whole, rather than one incident; (6) focus on ending violence and/or abuse, not saving relationships; (7) work closely with the local comprehensive domestic violence victim services program; and (8) work with the criminal justice system to hold perpetrators accountable, by reporting failure to complete PAIP work, if court-ordered, and reporting any additional violence, or threat of violence, to probation and the court.  PAIP is not required to provide direct victim services and is not required to be not-for-profit. |
| **Fee:** | Dues for voting board members of ICADV are ½ of 1% of the previous year's domestic violence services expenses. The minimum annual dues for a voting board members is $500 with a a maximum due of $2,500. |
| **Benefits:** | Becoming an ICADV Voting Board Member has a [variety of benefits.](http://www.ilcadv.org/Get_Involved/JoinICADV/voting_member_rewards.html) |

**Membership Assurances of the Illinois Coalition Against Domestic Violence**

If you and/or your agency agree with the following, please sign and email or print out this form and mail to the Director for Operations, ICADV, 801 S. 11th St., Springfield, IL 62703. Please address any questions to [ilcadv@ilcadv.org](mailto:ilcadv@ilcadv.org) or call (217) 789–2830.

The Illinois Coalition Against Domestic Violence is dedicated to the elimination of violence against women and their children through the following vision:

**To promote** the eradication of domestic violence across the state of Illinois;

**To ensure** the safety of survivors, their access to services, and their freedom of choice;

**To hold** abusers accountable for the violence they perpetrate; and

**To encourage** the development of victim-sensitive laws, policies and procedures across

all systems that impact survivors of domestic violence.

The mission of the Illinois Coalition Against Domestic Violence is the following:

To:

* Provide statewide leadership as the voice for survivors of domestic violence and the programs that serve them.
* Change fundamental societal attitudes and institutions that promote/tolerate/condone domestic violence.
* Ensure that women and children have knowledge of and access to all services and opportunities, including crisis telephone counseling, temporary shelter, peer and professional counseling, assistance in obtaining community resources, help to acquire employment skills, work referral, legal advocacy, etc., endeavoring to provide these services locally.

In a way that:

* Respects women’s and children’s choices and cultural diversity and
* Utilizes all available means:
  + Public policy advocacy,
  + Program capacity and delivery,
  + Community awareness and education,
  + Cooperation with associated agencies, and
  + Partnerships with communities and key stakeholders.

I have read the ICADV by-laws and agree with the conflict of interest section (Voting Member applicants only: types 1 & 2): Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

I hereby affirm the commitment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Organization)

To the specific and primary purposes of the Illinois Coalition Against Domestic Violence, as stated and given above.

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Name of Individual or Organization’s Representative

Please sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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