



The Michigan Coalition Against Domestic and Sexual Violence (MCADSV) is dedicated to the empowerment of all the state's survivors of domestic and sexual violence. Our mission is to develop and promote efforts aimed at the elimination of all domestic and sexual violence in Michigan.

## MEMBERSHIP APPLICATION FOR SUPPORTING ORGANIZATIONS AND INDIVIDUALS

Consider renewing your membership or becoming a member of MCADSV. Your MCADSV membership is active for one year from the date payment is received. As a member your benefits will include:

- ✓ Selected MCADSV publications at no cost to you
  - ❖ The biannual *Momentum* includes general interest articles pertinent to the Michigan domestic and sexual violence movements, updates to MCADSV events and trainings, and highlights of the state-of-the-art programming happening throughout the state.
  - ❖ The *Coalition Connection* is available to members six times per year. This newsletter brings you up-to-date news summaries on legal and policy issues before us in the state and nation. It also provides a calendar of events and upcoming trainings happening throughout the state and nation for service providers and community members.
- ✓ Leadership, analysis and advocacy in the legislative and public policy arena on all of the emerging policy issues relevant to survivors of domestic and sexual violence and the programs which serve them, both at the state and national levels
- ✓ Discounts on training opportunities
- ✓ Invitations to special events
- ✓ An opportunity to support MCADSV's mission

Your membership also supports the MCADSV Web site (<http://www.mcadsv.org>) which links you to all the essential Internet sites necessary for advocates and those who care about the issues of domestic and sexual violence.

-----  
**Please invest in our work!** Your annual dues can be submitted with this form.

I am applying for membership as an:  Individual  Organization

Name: \_\_\_\_\_ Title (if applicable): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_  Check here to receive the Coalition Connection via e-mail.

It will be distributed in Adobe.pdf. You will need at least Adobe Acrobat Reader to view this publication. Don't forget to include your e-mail address above!

**Organizational Supporting Membership \$100.00**

**Individual Supporting Membership \$50.00**

**Advocate/Student/Limited Income Supporting Membership \$20.00**

**Support MCADSV at a higher level with an additional donation to the Apple Blossom Fund!**

This fund was set up specifically to fund the public policy and public relations work of MCADSV.

\$30 \_\_\_\_\_ \$50 \_\_\_\_\_ Other \$ \_\_\_\_\_

In Memory/Honor of (circle one) \_\_\_\_\_

Send in memory/honor of letter to: \_\_\_\_\_

(name and address)

Total Enclosed \$ \_\_\_\_\_

Payment Method:

Check

Visa

MasterCard

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For MCADSV Use Only**

Check #: \_\_\_\_\_

Check date: \_\_\_\_\_

Amount: \_\_\_\_\_

Rec'd on: \_\_\_\_\_

Dep#: \_\_\_\_\_

Please make checks payable to MCADSV. Mail completed form and payment to:  
MCADSV, Accts. Rec., 3893 Okemos Rd., Ste. B2, Okemos, MI 48864  
or fax with credit card information to (517) 347-1377. Questions? Call (517) 347-7000