



The Michigan Coalition Against Domestic and Sexual Violence is dedicated to the empowerment of survivors of domestic and sexual violence. Our mission is 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 membership is active for one year from receipt of payment. Member benefits include:

- Supporting survivor programs and advocates throughout the state
- Important MCADSV communications regarding
  - legislative updates on essential bills
  - funding news from the state capitol and Washington D.C.
  - reports from programs and advocates from around the state
- Advocacy on state and national emerging issues relevant to survivors and the programs which serve them
- Leadership, analysis and advocacy on legislative and public policy issues
- Discounts on training opportunities
- Invitations to special events

Your membership also supports the MCADSV website which links you to essential sites and information for advocates and supporters of the movement.

### ***Please invest in the movement with a Supporting Membership!***

Submit your annual dues with this form. I am applying as an \_\_\_ Individual \_\_\_ Organization

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

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

Preferred Address: \_\_\_\_\_

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

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Preferred Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

MCADSV prefers to send communications by email whenever possible. Please provide an email address to be sure you receive all Coalition news.

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     Credit Card

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2 \_\_\_\_\_

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

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

**Please make checks payable to MCADSV. Mail completed form and payment to:**

**MCADSV, Accts. Rec., 3893 Okemos Rd., Ste. B2, Okemos, MI 48864  
or at our website with PayPal. Questions? Call (517) 347-7000**

<b>For MCADSV Use Only</b>
Check #: _____
Check date: _____
Amount: _____
Rec'd on: _____
Dep#: _____