



# Montana Coalition Against Domestic & Sexual Violence 2008 Membership Application Form

GENERAL INFORMATION

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Please list your Organization's Annual Travel Budget: \_\_\_\_\_

Type of Membership: New \_\_\_\_\_ Renewal \_\_\_\_\_

MEMBERSHIP INFORMATION

Please Check One: (see pages 4-5 for descriptions)

\_\_\_\_\_ Active Individual Member affiliated with dues paying program (\$15)

\_\_\_\_\_ Active Individual Member NOT affiliated with dues paying program (\$25)

\_\_\_\_\_ Active Organizational Member (\$50)

\_\_\_\_\_ Sustaining Organizational Member (\$20)

\_\_\_\_\_ Sustaining Individual Member (\$20)

If applying for an Organizational Membership either Active or Sustaining please list all staff members and their email address for your organization, use the lines on the back of this paper to do so. Note: if your staff would like to have a vote in decision making processes, they will need to become an individual affiliated with a dues paying program (see page 4 of brochure).

**MARK YOUR CALENDAR:** Please pay by **January 18, 2008** to be considered a **paid member** for the Basic Advocate Institute and to qualify for a scholarship to attend the Basic Advocate Institute. MCADSV now requires members to be current with their dues, thirty days prior to any MCADSV events in order to be considered for a scholarship.

PAYMENT INFORMATION

Please send this form with a check or money order to:

MCADSV

Attention: Molly Korpela

P.O. Box 818

Helena, MT 59624

Fax: 406-443-7818

\*MCADSV is unable to accept credit cards as payment.

For questions please contact Molly Korpela at: 406-443-7794 x8 or mcorpela@mcadsv.com