



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).

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: Kelly Throckmorton

P.O. Box 818

Helena, MT 59624

Fax: 406-443-7818

*MCADSV is unable to accept credit cards as payment.

For questions please contact Kelly Throckmorton at: 406-443-7794 x8 or
kthrockmorton@mcadsv.com