



MAIN OFFICE
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WESTERN OFFICE
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Website: www.nyscadv.org
NYS Domestic and Sexual Violence Hotlines: English: 800-942-6906 • Spanish: 800-942-6908 • TTY: 800-818-0656

ANNUAL INDIVIDUAL MEMBERSHIP DUES FORM

Individual status is open to any person in New York who is concerned with domestic violence and intimate partner sexual assault. Individual membership is a non-voting category of membership.

Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Email: _____

Our Mission: *We work to create and support the social change necessary to prevent and confront all forms of domestic violence. As a statewide membership organization, we achieve our mission through activism, education, leadership development, promotion of sound policy and practice, and broad-based collaboration integrating anti-oppression principles in all our work.*

Our Vision for the Future: *The collective voices of survivors and advocates as expressed through the Coalition will strengthen public and private response and prioritize domestic violence as a human rights issue.*

The undersigned agrees to abide by the *Mission, Vision, and Values* of NYSCADV and to take no action undermine NYSCADV and its member domestic violence programs.

Signature:

Date

Please enclose the 2009 annual dues. Please note that dues run on a calendar year and are considered paid in the year in which payment is received.

NYSCADV Annual Dues:

\$50

Payment Options (select one):

- By mail. Send the completed form and enclosed check or money order payable to NYSCADV
- Online. Pay membership dues at <http://www.nyscadv.org/membership.htm>.
- By phone or fax via credit card (MasterCard, Visa and American Express only). To pay by credit card over the phone, please call (518) 482-5465 or complete the following and mail or fax it to NYSCADV at (518) 482-3807.

Please charge \$ _____ on my credit card.

Name (as it appears on card)

Email/Phone: (for confirmation)

Card #

Exp. Date

CVV2 *

Signature

Date

Again, thank you for your ongoing support and commitment to ending violence against women. We would be unable to do our work without your dedication. If you have any questions regarding your membership with NYSCADV, please feel free to contact the Coalition at (518) 482-5465.

*last 3 digits on the back of Mastercard/Visa or 4 digits on front of American Express.