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NYS Domestic and Sexual Violence Hotlines: English: 800-942-6906 • Spanish: 800-942-6908 • TTY: 800-818-0656

## ANNUAL MEMBERSHIP DUES NOTICE & INVOICE

**Members** status is open to NYS OCFS licensed programs that have been approved/contracted to provide residential or non-residential services to survivors of domestic violence and their children.

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

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

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

DV Program Director: \_\_\_\_\_ Email: \_\_\_\_\_

Agency ED: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned agrees to abide by the *Mission, Vision and Values* of NYSCADV.

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

Please enclose the 2010 annual dues\* corresponding to your organizational operating budget.

**NYSCADV Annual Dues (Select Appropriate Box):**

- |   |   |
|---|---|
| <input type="checkbox"/> \$150 – Operating Budget less than \$100,000             | <input type="checkbox"/> \$700 – Operating Budget between \$500,000 and \$1,000,000 |
| <input type="checkbox"/> \$400 – Operating Budget between \$100,000 and \$500,000 | <input type="checkbox"/> \$1000 – Operating Budget over \$1,000,000                 |

**Payment Schedule (select one):**

	Amount (from above)	Date(s) of 2010 Payments
Annual	\$ _____	Enclosed
Semi-Annual	\$ _____	Jan 1 & July 1

NYSCADV will send payment reminders to programs that choose a semi-annual payment schedule.

**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 \$ \_\_\_\_\_ (choose one: Annual or Semi-annually) 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.

\*Please note: membership dues run on the calendar year (January – December).

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