



2009 Membership Application/Renewal

Organization Name: _____

Individual Name (or contact person): _____

Mailing Address: _____

Business Phone: _____ Crisis Phone: _____

Fax Number: _____ E-Mail: _____

Website: _____ Service Area: _____

Detailed list of services provided (please feel free to add an attached sheet of services): _____

Does your program offer a 24-hour crisis line? Y N

Counties and/or populations served: _____

Please attach a list of staff names, titles, e-mails, and whether they would like to be added to the general MNCASA listserv. (Ex.: Jane Doe, Administrative Assistant, jane@server.com, add to listserv).

Please attach a list of additional offices (satellite offices) for your program including the following information: Mailing address, business phone, crisis phone, fax number, email, website, and service area.

MEMBERSHIP REGISTRATION:

Membership fees are due January 1, every year. Please use the dues schedule below to determine your membership dues.

Regular Membership: Open to sexual assault programs, organizations and agencies who, as their primary function, provide services to sexual assault victims and whose philosophy is consistent with the mission and philosophy of MNCASA. Regular Members have full voting privileges; access to MNCASA resource material, training and technical assistance; receive MNCASA newsletters and member program mailings; and can attend coalition events at a member level.

Associate Organizational Membership: Open to allied programs, organizations and agencies whose philosophy is consistent with the mission and philosophy of MNCASA. Associate Organizational Members do not have voting privileges but have access to MNCASA resource material, training and technical assistance; receive MNCASA newsletters and member program mailings; and can attend coalition events at a member level.

Friends of MNCASA Membership: Open to individuals that are not affiliated with a sexual assault program, organization or agency but are interested in supporting the work of MNCASA and Partner Programs through a yearly donation. Friends of MNCASA will receive MNCASA newsletters and mailings; and access to the MNCASA listserv.

Please select your level of membership/support:

Voting Regular Organizational Dues:
(Based on total budget of organization)

- \$150.00 - Budgets under \$60,000
- \$200.00 - Budgets \$60,000 - \$80,000
- \$250.00 - Budgets \$80,000 - \$100,000
- \$300.00 - Budgets above \$100,000

Friends of MNCASA:

- \$ 40.00 - Suggested donation
- \$ 75.00
- \$ 100.00
- \$ 200.00
- Other - \$ _____

Non-Voting Associate Organizational Membership:

- \$150.00 – Associate Organizational Membership

Total Amount Enclosed: \$ _____

Satellite offices that wish to receive MNCASA mailings and materials must pay a \$20.00 fee to cover postage. This fee does not entitle the satellite office to a separate vote at the Annual Meeting.

Payment of MNCASA dues entitles the organization or individual to one year of membership. MNCASA will issue notice of membership renewal one month in advance of the renewal date. Failure to pay within 30 days of the renewal date will result in forfeiture of membership rights, including access to materials, information and voting privileges at the Annual Meeting. *Membership dues must be paid to have full voting privileges at the Annual Meeting.*

Please return this form with membership dues to:
Minnesota Coalition Against Sexual Assault
Attn: Membership Services
161 St. Anthony Avenue, Ste. 1001
St. Paul, MN 55103

INCOMPLETE APPLICATIONS WILL BE RETURNED

Thank you for supporting the Minnesota Coalition Against Sexual Assault!