



Ally Membership Application/Renewal January 1-June 30, 2019

Your membership application/renewal is not complete until this form AND membership dues are received.

Date of Application:

Authorized Account Official <i>This individual will be main point of contact for membership.</i>
First Name:
Last Name:
Job Title:
Email Address:

Main Office Address <i>This information will be posted in public directory.</i>		
Program Name:		
Street Address:		
Address Line 2:		
City:	State:	Zip:

Please add addresses for outreach and satellite offices on the supplemental sheets.

Telephone Numbers	Listed in Public Directory?	
Director's Number:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Main Office:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hotline:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TTY:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please contact us at membership@mncasa.org or 651.209.9993 x4 if you have any questions.

Program Information	
Web Address:	
Email to List in Public Directory:	
Is 501(c) (3)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Year Incorporated:
Sexual Violence Start Year:	Domestic Violence Start Year:
Number of Staff Members:	Number of Volunteers:
Number of Shelter Beds:	Number of Transitional Housing Beds:
Wheelchair Accessible: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Program Type <i>Please check all boxes that apply to your organization.</i>	
Sexual Assault/Rape Crisis Center (Stand Alone) <input type="checkbox"/>	Domestic Violence (Stand Alone) <input type="checkbox"/>
Multi-Service Agency <i>(including organizations that provide SA, DV, and General Crime)</i> <input type="checkbox"/>	Tribal Victim Services Agency <input type="checkbox"/>
Other Victim Services Providers <input type="checkbox"/>	Other <input type="checkbox"/>
Culturally Specific (Indicate your specialty) <input type="checkbox"/>	

Minnesota Service Regions <i>Please select the region that best represents your organization.</i>	
Region 1: Northwest Beltrami, Clearwater, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Pennington, Polk, Red Lake, Roseau	<input type="checkbox"/>
Region 2: Northeast Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis	<input type="checkbox"/>
Region 3: Central &/or Northwest Becker, Clay, Douglas, Grant, Ottertail, Pope, Stevens, Traverse, Wilkin	<input type="checkbox"/>
Region 4: Central Benton, Cass, Chisago, Crow Wing, Hubbard, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright	<input type="checkbox"/>
Region 5: Southwest Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac Qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift, Yellow Medicine	<input type="checkbox"/>
Region 6: Southeast Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Martin, Mower, Nicollet, Olmstead, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, Winona	<input type="checkbox"/>
Region 7: Metro Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington	<input type="checkbox"/>
All of Minnesota	<input type="checkbox"/>
Not located in Minnesota	<input type="checkbox"/>

Minnesota Counties Served *Please select the counties your agency serves.*

Aitkin	<input type="checkbox"/>	Cook	<input type="checkbox"/>	Itasca	<input type="checkbox"/>	McLeod	<input type="checkbox"/>	Pope	<input type="checkbox"/>	Swift	<input type="checkbox"/>
Anoka	<input type="checkbox"/>	Cottonwood	<input type="checkbox"/>	Jackson	<input type="checkbox"/>	Meeker	<input type="checkbox"/>	Ramsey	<input type="checkbox"/>	Todd	<input type="checkbox"/>
Becker	<input type="checkbox"/>	Crow Wing	<input type="checkbox"/>	Kanabec	<input type="checkbox"/>	Mille Lacs	<input type="checkbox"/>	Red Lake	<input type="checkbox"/>	Traverse	<input type="checkbox"/>
Beltrami	<input type="checkbox"/>	Dakota	<input type="checkbox"/>	Kandiyohi	<input type="checkbox"/>	Morrison	<input type="checkbox"/>	Redwood	<input type="checkbox"/>	Wabasha	<input type="checkbox"/>
Benton	<input type="checkbox"/>	Dodge	<input type="checkbox"/>	Kittson	<input type="checkbox"/>	Mower	<input type="checkbox"/>	Renville	<input type="checkbox"/>	Wadena	<input type="checkbox"/>
Big Stone	<input type="checkbox"/>	Douglas	<input type="checkbox"/>	Koochiching	<input type="checkbox"/>	Murray	<input type="checkbox"/>	Rice	<input type="checkbox"/>	Waseca	<input type="checkbox"/>
Blue Earth	<input type="checkbox"/>	Faribault	<input type="checkbox"/>	Lac qui Parle	<input type="checkbox"/>	Nicollet	<input type="checkbox"/>	Rock	<input type="checkbox"/>	Washington	<input type="checkbox"/>
Brown	<input type="checkbox"/>	Fillmore	<input type="checkbox"/>	Lake	<input type="checkbox"/>	Nobles	<input type="checkbox"/>	Roseau	<input type="checkbox"/>	Watonwan	<input type="checkbox"/>
Carlton	<input type="checkbox"/>	Freeborn	<input type="checkbox"/>	Lake of the Woods	<input type="checkbox"/>	Norman	<input type="checkbox"/>	Scott	<input type="checkbox"/>	Wilkin	<input type="checkbox"/>
Carver	<input type="checkbox"/>	Goodhue	<input type="checkbox"/>	Le Sueur	<input type="checkbox"/>	Olmsted	<input type="checkbox"/>	Sherburne	<input type="checkbox"/>	Winona	<input type="checkbox"/>
Cass	<input type="checkbox"/>	Grant	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	Otter Tail	<input type="checkbox"/>	Sibley	<input type="checkbox"/>	Wright	<input type="checkbox"/>
Chippewa	<input type="checkbox"/>	Hennepin	<input type="checkbox"/>	Lyon	<input type="checkbox"/>	Pennington	<input type="checkbox"/>	St. Louis	<input type="checkbox"/>	Yellow Medicine	<input type="checkbox"/>
Chisago	<input type="checkbox"/>	Houston	<input type="checkbox"/>	Mahnomen	<input type="checkbox"/>	Pine	<input type="checkbox"/>	Stearns	<input type="checkbox"/>		
Clay	<input type="checkbox"/>	Hubbard	<input type="checkbox"/>	Marshall	<input type="checkbox"/>	Pipestone	<input type="checkbox"/>	Steele	<input type="checkbox"/>		
Clearwater	<input type="checkbox"/>	Isanti	<input type="checkbox"/>	Martin	<input type="checkbox"/>	Polk	<input type="checkbox"/>	Stevens	<input type="checkbox"/>		

Other Areas Served (Indicate other areas)

Service Areas *Please select the services your organization offers.*

24 hour crisis helpline	<input type="checkbox"/>	ESL classes	<input type="checkbox"/>	Monitored exchange program	<input type="checkbox"/>	Sex trafficking and exploitation	<input type="checkbox"/>
Adult education	<input type="checkbox"/>	Follow-up services	<input type="checkbox"/>	Motel placement	<input type="checkbox"/>	Shelter	<input type="checkbox"/>
Aging services	<input type="checkbox"/>	Food shelf	<input type="checkbox"/>	Pet protection	<input type="checkbox"/>	Support groups	<input type="checkbox"/>
Case management	<input type="checkbox"/>	Hospital/med. advocacy	<input type="checkbox"/>	Prevention programming	<input type="checkbox"/>	Title IX/College	<input type="checkbox"/>
Community engagement	<input type="checkbox"/>	Housing issues	<input type="checkbox"/>	Professional trainings	<input type="checkbox"/>	Transitional housing	<input type="checkbox"/>
Counseling/Therapy	<input type="checkbox"/>	HRO and OFP Filing assist	<input type="checkbox"/>	Rent/Utilities assist	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Crisis intervention	<input type="checkbox"/>	Law enforcement advocacy	<input type="checkbox"/>	Safe Harbor	<input type="checkbox"/>	Victim Services	<input type="checkbox"/>
Economic ed. & planning	<input type="checkbox"/>	Legal advocacy	<input type="checkbox"/>	Safety planning	<input type="checkbox"/>	Youth Services	<input type="checkbox"/>
Emergency shelter	<input type="checkbox"/>	Legal services	<input type="checkbox"/>	SANE program	<input type="checkbox"/>		
Employment services	<input type="checkbox"/>	Military advocacy	<input type="checkbox"/>	School-based services	<input type="checkbox"/>		

Other Services (Indicate other services)

Language Services *Please list any languages in which your agency provides services.*

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Dates of Significant Organizational Events in Upcoming Year *Please list any fundraisers, trainings, etc.*

Local Media Contacts *Please list any media contacts you'd like added to MNCASA's media list.*

Name	Organization	Email	Phone

Area Meeting Spaces *Please list any meeting spaces in your area.*

Name	Address	Phone or Email	Cost

Ally Membership Dues January 1-June 30, 2019

Organization: _____

January 1-June 30, 2019 Prorated Membership Dues Amount: \$ 100.00 _____

Payment *(Please select one)*

Invoice Me

Please send my invoice to the following email: _____

Payment Enclosed

My check is enclosed, made payable to MNCASA. (Mail with this form to
MNCASA, Attn: Membership, 161 St. Anthony Avenue, Suite 1001, St. Paul MN 55103)

Please charge my credit card for the following amount: _____

Name on Card: _____

Card Number: _____ Exp.: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Signature: _____

***Your application and dues must be received by MNCASA by January 15, 2019
in order to continue receiving membership benefits without disruption.***

Please contact us at membership@mncasa.org or 651.209.9993 x4 if you have any questions.

Outreach/Satellite Offices

Outreach Office		
Main Organization Name:		

Outreach/Satellite Office		
Office Name:		
Street Address:		
Address Line 2:		
City:	State:	Zip Code:
Phone Number:		

Outreach/Satellite Office		
Office Name:		
Street Address:		
Address Line 2:		
City:	State:	Zip Code:
Phone Number:		

Outreach/Satellite Office:		
Office Name:		
Street Address:		
Address Line 2:		
City:	State:	Zip Code:
Phone Number:		

Program Staff

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

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First Name:

Last Name:

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