



Partner Program 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.*

--

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

Voting Delegate

We value the integrity of your membership vote as a partner program. Each partner program must appoint one individual to serve as a voting delegate at membership meetings, (i.e. Annual Meeting). If no delegate is designated, the partner program's executive director will be assigned. An alternate delegate can be appointed by providing notice to MNCASA prior to voting meetings at any time during the year.

Program Name: _____

Voting Delegate Name: _____

Executive Director Signature: _____

MNCASA Partner Program Membership Dues January 1-June 30, 2019

Membership dues are on a sliding scale based on your organization's annual budget. Please use the following chart to determine your dues and indicate the corresponding dues on page 6 of this form.

Annual Organization Budget	January 1-June 30, 2019 Membership Dues
Under \$60,000	\$75.00
\$60,001 - \$100,000	\$125.00
\$100,001 - \$500,000	\$175.00
\$500,001 - \$1,000,000	\$225.00
\$1,000,001	\$275.00

Your membership application/renewal form 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.

MNCASA Partner Program Membership Dues January 1-June 30, 2019

Organization: _____

Organization budget for current fiscal year: \$ _____

January 1-June 30, 2019 Membership Dues amount: \$ _____

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:		

Staff Contacts

Please provide information of all staff who should receive mailings, access to resources, event invitations, updates, and alerts.

Program Staff	
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:

Program Staff

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

First Name:

Last Name:

Job Title:

Email:

Program Staff	
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email:
First Name:	
Last Name:	
Job Title:	Email: