WASHINGTON STATE COALITION
WSCADV
AGAINST DOMESTIC VIOLENCE

Organizational Associate Membership Application

Program Name _____

Executive/Program Director _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax_____ Email _____

Please describe your commitment to serve the needs of women and children who are victims of physical, emotional and/or sexual abuse, or who suffer under the threat of such abuse, and to work towards the elimination of domestic and sexual violence: (Please use additional space on the back if necessary)

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What are your expectations of membership in WSCADV? _____

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Organizational Associate Dues: $250

Amount enclosed _____

Check number _____

WSCADV Principles of Unity

The Washington State Coalition Against Domestic Violence affirms the right of each person to live without fear or the threat of violence. We oppose the use of violence as a means of control. We recognize that oppression in the form of racism, sexism, classism, anti-Semitism, ageism, imperialism, heterosexism, and oppression of persons with disabilities, creates a climate of supremacy and ownership which enables domestic and sexual violence. We recognize that religious beliefs and practices are matters of personal conscience and individual choice. Therefore, no member shall promote or discourage a particular religious belief in the course of her/his work. We believe that all women have the right to autonomy and self-determination regarding all sexual and reproductive matters, lifestyles, finances, education and employment. We encourage the leadership of women in making policy and program decisions.

Agreement:
I understand that signing this application indicates compliance with WSCADV membership criteria and requirements

Signed: _____ Date: _____

Please send this application and membership dues to address below.

711 Capitol Way, Suite 702, Olympia, WA 98501 (Voice) 360-586-1022 (Fax) 360-586-1024