

Arkansas Coalition Against Domestic Violence

Application for Individual Membership

Name _____ Profession _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____ Email _____

Please check your preferred method of communication _____ phone _____ email

Why are you interested in becoming a member of

ACADV? _____

Name the domestic violence program nearest you.

Do you have any affiliations with this program? ____yes ____no If yes, please describe

You will receive the ACADV newsletter at the above email address unless you check the box below to have it mailed to you. _____ Please mail newsletter to above address.

Principles of Unity

The members of the Arkansas Coalition Against Domestic Violence recognize that the struggle of each battered woman we serve is related to our individual struggles for personal growth and empowerment. We are committed to the ideas and practices of a supportive, non-competitive atmosphere in all aspects of our programs that fosters open communication, respect and cooperation among all members of the Coalition.

We support and encourage and will work for the participation of all battered women and men regardless of race, ethnicity, sexual orientation, age, income or physical challenges.

I have read and agree to adhere to the Principles of Unity of the Arkansas Coalition Against Domestic Violence and hereby apply for Supportive Membership on the _____ day of _____, 20____.

Signature

Enclosed are my annual dues in the amount of \$50.00. Please make checks payable to ACADV.

Please return to: Arkansas Coalition Against Domestic Violence

1401 West Capitol Ave., Suite 170

Little Rock, AR 72201