

Membership Application Form 2024

Program membership with the Oregon Coalition against Domestic and Sexual Violence (OCADSV) connects your organization to a diverse network of service providers with a variety of experiences, expertise, and perspectives- united by the shared commitment to end violence in Oregon.

Through uniting our voices, the Oregon Coalition offers a catalyst for social change.

Program Membership Benefits

- Oregon's Charitable Tax Check-off Funds
- Eligibility to serve on the OCADSV Board of Directors as a *Regional Representative
- Reduced fees/scholarships for the OCADSV Annual Conference
- Reduced fees and/or free attendance for OCADSV Trainings
- Technical Assistance/Program Support
- Access to OCADSV Resources & Library
- Share employment opportunities on the OCADSV website
- Share your trainings, workshops, and events to monthly digest
- Voting privileges in OCADSV ballots
- Voice represented in OCADSV's public policy priorities

*Regional Representatives serve two-year terms to coordinate and lead regional meetings.

Regional Representatives (1 per region) are nominated and elected to the OCADSV Board of Directors by the member programs of their geographic regions to serve as delegates between regional members and OCADSV leadership. These roles constitute the majority of our board and are eligible for nomination and election to Executive Board roles.



Membership Application Form 2024

Program Name:		
Contact Name:		Website:
		Phone:
As a member of the C Providing domestic	Oregon Coalition, we certify to violence and/or sexual assa	eck all that you agree to. that we are committed to: oult victim services and/or related
The Oregon CoalitHonoring survivor policy and action.	mendation, one being from a	hat survivor's experience both in
a i ayırığ arırıdar duc.	Sliding scale, based on membe	er program budget.
PI	ease select the dues most appropri	
	Annual Dues	2024 Dues
	\$0 - 100,000	\$350.00
	\$101,000 - 300,000	\$500.00
	\$301,000 - 500,000	\$650.00
	\$501,000 - 750,000	\$800.00
	\$751,000 & above	\$950.00
<u>Please atta</u>	ch your current budget Mak	e check payable to OCADSV
Current Budget:	Annual Membership Dues:	
Signature:		
Date:	Position/Title:	
please check the box b		due to timing or other circumstances, form. OCADSV will contact you about s.
□ W	aiver Request for 2024 Anni	ual Membership Dues

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