

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:	
<u>Qualificat</u>	ions for membership, ch	neck all that y	<u>/ou agree to.</u>
As a member of the	Oregon Coalition, we certify	that we are cor	nmitted to:
Providing domest	ic violence and/or sexual ass	ault victim serv	ices and/or related
•	tion as a <u>primary service.</u>		
_	ition's philosophy and mission	• •	
Honoring survivo policy and action.	r autonomy, in all aspects of	that survivor's e	experience both in
• •	nmendation, one being from a	Member Prog	ram
☐ Paying annual due	_	i Member 1 10gi	am.
	Sliding scale, based on memb	er program budget	
1	Please select the dues most appropr	iate for your organ	ization.
	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 att</u>	ach your current budget Mal	ke check payabl	e to OCADSV
Current Budget:	Annual Membership Dues:		
Signature:			
Date:	Position/Title:		
	nembership dues is a challenge		
	below and submit your renewa	_	
	ur program's membership stat		•

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Email: Info@ocadsv.org

☐ Waiver Request for 2024 Annual Membership Dues