

## Membership Application

(Please type or print your information and mail or fax it to the address below.)



Select Type of Membership:

- Ⓒ **INDIVIDUAL** (1 Voting Member) \$50.00
- Ⓒ **STUDENT / SENIOR 55+ / Volunteer** (1 Voting Member) \$25.00

*Please list 1 contact name for this membership:*

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

- Ⓒ **AGENCY/ORGANIZATION** (3 Voting Members) \$150.00

*Please list 3 contact names/addresses for this membership:*

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Is this membership \_\_\_\_\_ New? \_\_\_\_\_ Renewal?

Payment Information: \_\_\_\_\_ Cash \_\_\_\_\_ Check (# \_\_\_\_\_ )

Master Card / VISA Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please type or print the above information and mail or fax it with payment to:

**Colorado Organization for Victim Assistance**

90 Galapago Street • Denver, CO 80223

303-861-1160 or 1-800-261-2682 • Fax 303-861-1265 • Email: [colleen@coloradocrimevictims.org](mailto:colleen@coloradocrimevictims.org)