



MEMBERSHIP INVOICE

Washington State Native American Coalition Against Domestic Violence & Sexual Assault

Date _____

Name of Program or Individual (as it should appear on certificate):

Contact Person/Title _____

Street or PO Box _____

City, State & ZIP _____

Email Address _____

Phone Number _____

Type of Membership	Annual Fee	PAYMENT
Tribal Program Membership—Funded <i>This membership is offered for tribal Domestic Violence, Sexual Assault, and/or Victim Assistance programs</i>	\$400	Enroll/Check enclosed for : \$ _____
Tribal Program Membership—Unfunded <i>This membership is offered for unfunded tribal Domestic Violence, Sexual Assault, and/or Victim Assistance programs</i>	No fee	
Tribal Associate Program/Department Membership <i>This membership is offered to non-victim services programs or tribal governments whose DV/SA program is already a fee-paying member of WomenSpirit Coalition</i>	\$200	Enroll/Check enclosed for : \$ _____
Non-Tribal Ally Program Membership <i>This membership is offered to non-tribal, non-victim services programs that wish to support the mission of WomenSpirit Coalition</i>	\$450	Enroll/Check enclosed for : \$ _____
Individual Membership <i>This membership is intended for individuals that are not affiliated with a tribal program wishing to support the mission of WomenSpirit Coalition</i>	\$50	Enroll/Check enclosed for : \$ _____
Lifetime Survivor Membership <i>This membership is intended for survivors of domestic or sexual violence who desire to stay in contact with WomenSpirit Coalition</i>	No fee	

Please make check payable to WomenSpirit Coalition and send to:

WomenSpirit Coalition

526 North 5th Ave

Sequim, WA 98382

— Please send this completed invoice with your payment —

For more information, please contact:

Deborah Fischer, Administrative Assistant/Membership Coordinator for WSC

(360) 681-3701 option 0/dfischer@womenspirit.net