

BECOME A MEMBER OF LCADV

Please complete this application and mail it along with your check to:

LCADV, P.O. Box 77308, Baton Rouge, LA 70879.

Support the fight to end domestic violence by becoming a member of LCADV.

Supporting Individual#: Ua]m

For **\$40** a year, receive a subscription to LCADV's electronic newsletter, as well as training and public policy action alerts.

Supporting Non-Profit

For **\$200** a year, receive acknowledgment of support in select LCADV publications and reduced fees for LCADV training events, on-site training, technical assistance, and LCADV publications.

Supporting Corporation

For **\$300** a year, receive the same benefits as **Supporting Non-Profitg** plus receive notice of additional marketing and sponsorship opportunities.

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Open to individuals who identify as formerly battered women. For **\$5** a year, receive the same benefits as **Supporting Individual**.

Title _____ First _____ Middle _____ Last _____ Suffix _____

Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

8ca Ygh]W]c`YbW`Program Membership is open only to domestic violence service providers who meet certain eligibility guidelines. For more information, or to request an application, please contact LCADV.