



OHIO VICTIM WITNESS ASSOCIATION 2020-2021 MEMBERSHIP APPLICATION & DUES FORM

Mission Statement: To promote access to safety, healing, justice and financial recovery for Ohio crime victims through meaningful rights and quality services.

PLEASE TYPE or PRINT CLEARLY:

- Individual Membership (\$35.00) Renewing Member
 Organizational Membership (\$100.00) New Member
 Student Membership (\$25.00) (Copy of current student ID MUST accompany completed membership form.)

PRIMARY CONTACT NAME: _____

E-MAIL ADDRESS: _____

TITLE: _____

ORGANIZATION/SCHOOL: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

COUNTY: _____ STATEWIDE ORGANIZATION

PHONE #: (____) _____ CRISIS PHONE #: (____) _____

Organizational Membership - may list name & email address for up to 5 additional staff members:

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Please make check or money order payable to: OVWA Inc.
Submit completed Application & Payment - validates OVWA membership thru March 2021

Mail Application & Payment to: **OVWA**
Attn: Liz Poprocki
90 Northwoods Blvd., Suite B-6
Columbus, OH 43235

Internal Use Only:
Date Rec'd: _____ Check # _____ Certificate/Member Packet mailed: _____
gmail update: _____ website update: _____