

**OHIO VICTIM WITNESS ASSOCIATION
2019-2020 MEMBERSHIP APPLICATION & DUES FORM**

Mission Statement: OVWA is a statewide advocacy organization committed to upholding equal rights and fair treatment for victims and witnesses of crime. In fulfilling the mission, OVWA provides technical assistance to support direct service to victims of crime, promotes continuing education training, and collaborates in development of criminal justice public policy.

PLEASE TYPE or PRINT CLEARLY:

- Individual Membership (\$35.00) Renewing Member
 Organizational Membership (\$100.00) New Member
 Reciprocal Membership for Statewide Partner Organizations (\$0)

PRIMARY CONTACT NAME: _____

E-MAIL ADDRESS: _____

TITLE: _____

AGENCY/ORGANIZATION: _____

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 payable to: OVWA Inc.

Submit completed Application & Payment - validates OVWA membership thru March 2020

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: _____	