

# NYSCADV

## NEW YORK STATE COALITION AGAINST DOMESTIC VIOLENCE

### 2025 Membership Application

Thank you for your support and commitment to ending domestic violence. We would be unable to do this work without you! If you have any questions regarding your membership, please feel free to contact us at 518-482-5465.

**INSTRUCTIONS:** This application can be completed on your computer, printed for signature, then emailed, mailed, or faxed. The full application is also available on our website. Please provide payment at the time of application. If you need an invoice prior to payment, please complete the application and submit it with a request for invoice.

**New Membership**

**Renewal for 2025**

#### CONTACT INFORMATION

Organization/Individual Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Counties Served: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Hotline Number: \_\_\_\_\_  
Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_  
DV Program Director: \_\_\_\_\_ Email: \_\_\_\_\_

#### PUBLICITY PERMISSION (choose one)

Would you like for your organization's name, logo, and website to be publicized as a 2025 member on NYSCADV's website, Annual Report, and other publication materials?  Yes  No

#### MEMBERSHIP LEVEL (choose one)

##### Level 1: Program Member

Private, nonprofit, nongovernmental organizations and programs that have a primary purpose of providing immediate shelter and supportive services to adult and youth victims of family violence, domestic violence, or dating violence, and their dependents, including but not limited to programs that are licensed by the NYS Office for Children and Family Services or have local NY Department of Social Services contracts to provide domestic violence services, either residential or nonresidential, and which adhere to the mission, philosophy and purposes of NYSCADV. Program Members shall be entitled to one (1) vote per organization in good standing.

- \$185** (Domestic violence program operating budget less than \$100,000)
- \$500** (Domestic violence program operating budget between \$100,000 and \$499,999)
- \$875** (Domestic violence program operating budget between \$500,000 and \$999,999)

- \$1250** (Domestic violence program operating budget between \$1,000,000 and \$4,999,999)
- \$2500** (Domestic violence program operating budget between \$5,000,000 and \$9,999,999)
- \$5000** (Domestic violence program operating budget over \$10,000,000)

## **Level 2: Organizational Associate Member**

Any organization, program, or entity in New York which is concerned with domestic violence and intimate partner sexual violence and which subscribes to the mission, philosophy and purposes of NYSCADV. Organizational Associate Members shall be non-voting members.

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|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>\$92.50</b> (Operating budget less than \$100,000)                | <input type="checkbox"/> <b>\$625</b> (Operating budget between \$1,000,000 and \$5,000,000) |
| <input type="checkbox"/> <b>\$250</b> (Operating budget between \$100,000 and \$500,000)      | <input type="checkbox"/> <b>\$1250</b> (Operating budget over \$5,000,000)                   |
| <input type="checkbox"/> <b>\$437.50</b> (Operating budget between \$500,000 and \$1,000,000) | <input type="checkbox"/> <b>\$2500</b> (Operating budget over \$10,000,000)                  |

### **CULTURALLY SPECIFIC SERVICES**

Culturally specific services are designed to work with and/or for a population such as immigrants, people of different religious/spiritual beliefs, people with limited English proficiency, people with disabilities, people who identify as LGBTQ and many others. **Please list any populations you provide culturally specific services to:**

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### **PAYMENT OPTIONS (choose one)**

- Annual Payment:** Payment in full, due upon application
- Semi-Annual Payment:** The first payment due upon application submission and the second due by July 1

### **INVOICE OPTIONS (choose one)**

**Do you need an invoice sent in order to complete the payment process?**  Yes  No

### **PAYMENT METHOD (select one)**

- By mail.** Send the completed form and enclose a check or money order payable to: NYSCADV, 119 Washington Avenue, Albany NY 12210
- Online via credit card. (Discover, MasterCard, Visa and American Express only).** Pay membership dues via credit card at <https://www.nyscadv.org/membership/become-a-member.html>.

### **TERMS OF AGREEMENT**

**The undersigned agrees to abide by the Mission, Vision and Philosophy of NYSCADV.**

**Our Mission:** NYSCADV works to create and support the social change necessary to prevent and confront all forms of domestic violence.

**Our Vision for the Future:** The collective voices of survivors and advocates as expressed through the Coalition will strengthen public and private responses and prioritize domestic violence as a human rights issue.

#### **Our Philosophy:**

- Anti-oppression principles will be adopted by domestic violence movement and other social change organizations;
- Policy, programs, and practice will be survivor/victim focused;
- Domestic violence survivors/victims and their children will have total access to appropriate services;
- We will have a strong commitment to provide member programs support, information, and policy guidance;
- We will implement a comprehensive strategy to enhance and sustain diverse funding for programs; and
- Inclusive collaboration will be the foundation for all of our strategies.

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Printed Name

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Signature

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Date