



Wyoming Coalition Against Domestic Violence and Sexual Assault Allied Organization Membership Application

Organization Name:

Person Completing the Application:

Address:

Phone Number:

E-Mail:

Facebook Address:

Organization Service Area:

Website Address:

Date:

Please provide a brief description of your organization, its services, and history:

1. We confirm that our organization aligns with the WCADVSA through the following means:

1. Please attach a copy of your organization's mission, by-laws, and articles of incorporation if applicable.
2. Our program is located in and provides services in Wyoming Yes No
3. We agree to promote the mission of the WCADVSA: Through a collective voice, the WCADVSA is committed to provide leadership, education, and systems advocacy to advance social change and end violence. Yes No
4. We have a written policy on non-discrimination.
 - a. If yes, please attached a copy of your non-discrimination policy Yes No
5. My organization commits to the following statement: Practicing anti-racism and anti-oppression work is an ongoing commitment required for membership with the WCADVSA. As oppression is an abuse of power, my organization commits to work to end all forms of oppression and to diligently recognize the inherent relationship between interlocking oppressions in our work to end domestic violence and sexual assault in our communities. Yes No
6. We are committed to social change, the prevention and intervention of domestic violence, sexual assault, and stalking and to providing viable solutions to address issues of violence. Yes No
7. We can demonstrate community support for our organization. Yes No
 - a. If yes, please attach a letter(s) of cooperation demonstrating community support.
8. Does your organization have the ability to pay the \$200 annual membership due? Yes No
 - a. If no, please explain:



8. In what capacity is your organization interested in working with and receiving benefit from the WCADVSA as an Allied Organization Member?
9. Can your organization, or person within your organization, identify a real or preceived conflict of interest with the WCADVSA or any of the local DVSA advocacy programs in Wyoming? A conflict of interest arises whenever the professional goals, mission or interests of the organization applying for membership are potentially at odds with the best interests of the Coalition. · If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Our organization has read and agrees to promote the mission and adhere to the by-laws of the WCADVSA and hereby apply for an Allied Organization Membership. Additionally, we attest that all of the information included with this applications is a true and accurate representation of our organization.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 25%; border-top: 1px solid black; text-align: center;">Board Chair/Supervisor</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Date</div> <div style="width: 25%; border-top: 1px solid black; text-align: center;">Organization Director/Coordinator</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Date</div> </div>

Qualifications

Organizations with an exhibited commitment to the vision and mission of the WCADVSA and support the ideology of providing comprehensive services for victims of domestic violence, sexual assault and stalking and in ending violence.

Benefits

- Access to resource materials
- Membership certificate
- Monthly communications from the WCADVSA
- Opportunities for staff of the organization to participate in trainings and meetings organized by the WCADVSA
- Opportunities to connect to the larger prevention and anti-violence movement
- Opportunity to hold a Public Interest Representative position on the Board of Directors



- Opportunity to provide input on the WCADVSA's programs and planning
- Recognition of membership on the WCADVSA's website, social media, and designated materials

Application and Voting Process

1. The Board of Directors will assess Allied Organization Member applications to assure that:
 - a. The qualifications for an Allied Organization are met,
 - b. The Allied Organization Member is appropriate for membership in the Coalition, and
 - c. Conflicts of interests, if any, have been addressed. A conflict of interest that cannot be resolved may result in the denial of the application for membership.
2. Once the Board of Directors has determined that the applicant meets the qualifications for Allied Organization Membership, the applications will be submitted to the Program Members for approval. Current Program Members will vote Allied Organization members into the Coalition by a supermajority vote.
3. This application may be denied for non-discriminatory reasons based on factors and conditions under the WCADVSA by-laws.