



**Wyoming Coalition Against Domestic Violence and Sexual Assault  
Individual Membership Application**

<b>Name:</b>	
<b>Address:</b>	<b>Cell Phone Number:</b>
<b>E-Mail:</b>	<b>Facebook Address:</b>
<b>Place of Employment (if applicable):</b>	
<b>Job Title and Duties (if applicable):</b>	
<b>Please provide a brief description of your interest in becoming an Individual Member of the WCADVSA:</b>	

**A. I confirm that my personal and professional philosophies align with the WCADVSA through the following means:**

1. I 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I am committed to social change, the prevention and intervention of domestic violence, sexual assault, stalking, and to providing viable solutions to address issues of violence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I commit 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, I commit to work to end all forms of oppression and to diligently recognize the inherent relationship between interlocking oppressions in my work to end domestic violence and sexual assault in our communities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have the ability to pay the \$50 annual membership due?  If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In what capacity are you interested in working with and receiving benefit from the WCADVSA as an Individual Member?	



6. Can you identify a real or perceived conflict of interest with the WCADVSA or any of the local DVSA advocacy programs in Wyoming? A conflict of interest arises whenever the personal or professional goals, mission or interests of the individual applying for membership are potentially at odds with the best interests of the Coalition.

Yes  No

· If yes, please explain:

**B. I have read and agree to promote the mission and adhere to the by-laws of the WCADVSA and hereby apply for an Individual Membership. Additionally, I attest that all of the information included with this applications is a true and accurate.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Qualifications**

Individuals who are committed 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.

### **Membership Benefits**

- Access to resource materials
- Membership certificate
- Monthly communications from the WCADVSA
- Opportunities for the individual member 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 each Individual Member application to assure that:
  - a. The above qualifications are meet,
  - b. The Individual 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 Individual Membership the application will be submitted to the Program Members for approval. The current Program Members will vote new Individual 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 WCADVS by-laws.