



Illinois Coalition Against Domestic Violence

ONE VISION. ONE VOICE.

EMPOWERING WOMEN. EXPANDING AWARENESS. ERADICATING VIOLENCE.

Serving Victims of Domestic Violence Since 1978

I wish to join the Illinois Coalition Against Domestic Violence as a:

- Friend _____
- Community Partner _____
- Type 1 Voting Member _____
- Type 2 Voting Member _____

_____ My signed Assurances page is enclosed (required for all prospective members of any level).

_____ My agency information, including mission, by-laws, board of directors list, and information about my organization is included (required for prospective Community Partners and Voting Members).

_____ Enclosed is a supporting letter from the nearest ICADV victim services provider program that recommends acceptance of the applicant (required for types 1 & 2 Voting Members).

_____ Enclosed is my agency's fiscal audit for the previous year (required for Voting Members).

Name of Individual/Organization: _____

Name of Organization's Contact: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Email: _____

Signature Date

