



INDIANA COALITION
AGAINST
DOMESTIC VIOLENCE
MEMBERSHIP APPLICATION

___ I would like to become a member of ICADV.

___ I would like to renew my membership in ICADV.

Please check the appropriate membership class*:

\$25 ___ **Student** (Discount applies to full time students)

\$25 ___ **Senior Citizen** (Discount applies to those 62 years and older)

\$50 ___ **Personal**

\$75 ___ **Government Entity, year one**

\$100 ___ **Government Entity, year two and after**

\$150 ___ **Partners**

\$500 ___ **Providers**

\$501 & above ___ **Patron**

Name/Organization _____

Contact Person (If Other than Personal) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Please make checks payable to ICADV and mail along with application to:

ICADV
Attn: Linda Olvey
Program Services Director
1915 West 18th Street, Ste B
Indianapolis, IN 46202
Phone: (317) 917-3685
Fax: 317.917-3695