



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**

\$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, Member Services Coordinator  
1915 West 18<sup>th</sup> Street, Suite B  
Indianapolis, IN 46202  
Phone: (317) 917-3685  
Fax: (317) 917-3695