



MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE

1997 Annapolis Exchange Parkway, Suite 300 Annapolis, MD 21401
Phone 301-429-3601 | Email: info@mnadv.org | www.mnadv.org

2023-2024 Membership Form October 1, 2023 - September 30, 2024

By becoming a member, you become a part of a social justice movement that works to change how Maryland residents, organizations, and systems respond to Intimate Partner Violence (IPV)




With your support, MNADV can achieve:

- Increased collaboration with victim service providers, survivors, community members, policy makers, and systems across all actions;
- Increased potential for success through a unified voice in the movement to end violence against women;
- Increased expertise and resources for addressing complex issues;
- A collective approach for statewide systems change and social justice efforts;
- Impact on local, state, and national policies;
- The capacity, growth, and quality of domestic violence services through trainings and technical assistance.
- Education for the residents of Maryland on the issues of intimate partner violence.

MNADV Member Responsibilities:

- Payment of annual dues made before October 1st of every new fiscal year.
- Agree with and adhere to the Coalition's Mission, Vision and purposes stated in the by-laws

MNADV Membership options:

-  **Domestic Violence Service Provider (DVSP) Member**
An Organization that provides domestic violence services as a core and/or primary purpose of the organization.
-  **Allied Organization Member**
Any organization that provides services or advocacy related to domestic violence as a secondary or ancillary function of the organization.
-  **Individual Membership**
Any individual who wishes to support the Coalition (Student/Survivor, Standard, Enhanced)



MNADV Membership Structure:



Domestic Violence Service Provider (DVSP) Member:

Any organization that provides domestic violence services as a core and/or primary purpose of the organization

Domestic Violence Service Provider (DVSP) Member Benefits

- Representation in Annapolis and at the federal level regarding policy issues that impact DV survivors and the programs that serve them
- Policy: Legislative Updates, Policy Expertise, Action Alerts
- Training: Free, low-cost, and reduced cost trainings with Free CEUs for all staff
- Technical assistance or One-on-one TA consultations upon request
- Peer to peer networks such as Program Directors or Shelter Directors
- Weekly E-newsletter
- Invitation to special meetings, conferences and events
- Free online job postings
- Reduced cost access to Violence telephone interpretation services
- Free literature



Allied Organization Member:

Any organization that provides services or advocacy that are related to domestic violence as a secondary or ancillary function of the organization

Allied Organization Member Benefits

- Advocacy and Policy Expertise
- Opportunities to help formulate policy priorities
- Legislative Updates & Action Alerts
- Training: Free, low-cost, and reduced cost trainings with Free CEUs for all staff
- Technical assistance or One-on-one TA consultations upon request
- Weekly E-newsletter
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Individual Member:

Any individual who wishes to support the Coalition (Student/Survivor, Standard, Enhanced)

Individual Member Benefits:

- Advocacy and Policy Expertise
- Legislative Updates & Action Alerts
- Training: Free, low-cost, and reduced cost trainings
- Free CEUs at Enhanced Membership Level
- Weekly E-newsletter
- Invitation to special meetings and events

Annual Dues Amount

Domestic Violence Service Provider Member:

- \$500.00 (Under \$500,000 budget)
- \$750.00 (\$500,001 – \$999,000 budget)
- \$1,000.00 (Over \$1 million budget)

Allied Organization Member:

- \$300.00 (Under \$500,000 budget)
- \$500.00 (\$500,001 – \$999,000 budget)
- \$700.00 (Over \$1 million budget)

Individual Member:

- \$25.00 – Student/Survivor
- \$50.00 – Standard
- \$100.00 – Enhanced (free CEUs)



2023-2024 Membership Form

October 1, 2023 - September 30, 2024

Email completed form to info@mnadv.org

Contact Information:

Organization Name (if applicable): _____

Point of Contact Name: _____

Address _____ City _____ Zip _____

Phone _____ Email _____

I give my permission to have my name/organization publicly acknowledged:

Yes _____ No _____

Signature: _____

Date: _____

Methods of Payment:

- I have enclosed a check payable to MNADV;
 - Note "MNADV Membership" in the memo line
 - Mail to: 1997 Annapolis Exchange Parkway, Suite 300 Annapolis, MD 21401
- I will pay online
 - Via www.mnadv.org/get-involved/become-a-member/