



MEMBERSHIP APPLICATION

Memberships are non-voting and include the following benefits:

Annual members - receive a membership card, legislative updates and a quarterly newsletter.

_____ \$40 Individual Membership Additional Donation \$ _____

Contributions, gifts or membership dues made to the Crime Victims Action Alliance are NOT DEDUCTIBLE as charitable contributions for income tax purposes.

Please make checks payable to the "Crime Victims Action Alliance".

Name or Organization _____

Contact person _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (business) _____ (fax) _____

Email Address _____

I, or my organization, can help the Alliance by:

- Writing letters to legislators when requested.
- Contacting my local media when requested.
- Recruiting individuals/organizations to join CVAA.
- Testifying before the legislative committees at the State Capitol.

Signature _____ Date _____

Please send the completed application with your check to:
Crime Victims Action Alliance 1809 S Street, Suite 101316, Sacramento, CA 95811.
The CVAA reserves the right to refuse any membership request.