



MEMBERSHIP APPLICATION

Please include me as a member of the Crime Victims Action Alliance, I have enclosed my annual membership fee of:

_____ \$40 individual membership _____ \$130 family (up to 4 family members)
_____ \$25 student membership _____ \$35 distinguished membership (65+ years)
_____ \$250 Corporate/Organization membership

Date of Birth ____/____/____ (required for student and distinguished memberships)

Become a Sponsor of CVAA

\$300 *Friend* Sponsor - 1-year membership, certificate suitable for framing, sponsor decal, recognition as a sponsor in CVAA quarterly newsletter for one year

\$550 Bronze Sponsor – everything in Friend Sponsorship + lapel pin

\$1000 Silver Sponsor – everything in Bronze Sponsorship + CVAA cap and recognition as a sponsor on CVAA website for one year

\$2500 Gold Sponsor – everything in Silver Sponsorship + CVAA messenger bag

\$5000 Platinum Sponsor – everything in Gold Sponsorship + CVAA portfolio

Please make checks payable to the **Crime Victims Action Alliance**. *Contributions, gifts or membership dues made to the Crime Victims Action Alliance are not deductible as charitable contributions for federal income tax purposes.*

Name or Organization _____

Contact person _____

Address _____

City _____ State _____ Zip _____

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

Email Address _____

Signature _____ Date _____

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