



## 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)

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### Become a Sponsor of CVAA

\$300 *Friend* Sponsor - 1-year membership, certificate suitable for framing and 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 + recognition as a sponsor on CVAA website for one year

\$2500 Gold Sponsor – everything in Silver Sponsorship + recognition as a sponsor on all electronic mailings (Action Alerts/Information Alerts)

\$5000 Platinum Sponsor – everything in Gold Sponsorship + recognition as a sponsor at all CVAA events

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*