



MEMBERSHIP INVOICE

Washington State Native American Coalition Against Domestic Violence & Sexual Assault

Date _____

Name of Program or Individual (as it should appear on certificate):

Contact Person/Title _____

Street or PO Box _____

City, State & ZIP _____

Email Address _____

Phone _____

Main

Direct

Cell

Type of Membership	Annual Fee	PAYMENT
<p>Tribal Program Membership * <i>Offered for tribal Domestic Violence, Sexual Assault, and/or Victim Assistance programs</i></p>	\$400	Check enclosed for : \$ _____
<p>Tribal Department Membership <i>Offered to tribal non-victim services programs or units of tribal governments</i></p>	\$400	Check enclosed for : \$ _____
<p>Non-Tribal Ally Program Membership <i>Offered to non-tribal, non-victim services programs that wish to support the mission of WomenSpirit Coalition</i></p>	\$450	Check enclosed for : \$ _____
<p>Individual Membership <i>This membership is intended for individuals that are not affiliated with a tribal program wishing to support the mission of WomenSpirit Coalition</i></p>	\$50	Check enclosed for : \$ _____

(Please note we are unable to process credit card payments)

If sending payment by mail, make check payable to WomenSpirit Coalition and send to:

WomenSpirit Coalition

526 North 5th Ave

Sequim, WA 98382

*** If the "member fee" requested exceeds your financial capability, please call to discuss.**

— Please send this completed invoice with your payment —

For more information, please contact:

Deborah Fischer, Administrative Assistant/Membership Coordinator for WSC

(360) 681-3701 option 0 dfischer@womenspirit.net