



## OHIO VICTIM WITNESS ASSOCIATION 2025 MEMBERSHIP APPLICATION & DUES FORM

*Mission Statement: To be an Ohio leader for crime victims, advocates, and allied professionals by promoting best practices that result in meaningful rights and quality services.*

**PLEASE TYPE or PRINT CLEARLY:**

☐ Individual Membership (\$35.00)

☐ Renewing Member

☒ Organizational Membership (\$100.00)

☐ New Member

☐ Student Membership (\$25.00) (Copy of current student ID must accompany completed membership form.)

**PRIMARY CONTACT NAME:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ORGANIZATION/SCHOOL:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**COUNTY/COUNTIES:** \_\_\_\_\_ ☐ STATEWIDE ORGANIZATION

**PHONE #:** (\_\_\_\_) \_\_\_\_\_ **CRISIS PHONE #:** (\_\_\_\_) \_\_\_\_\_

**Organizational Membership** – please add staff members below.

Email us at [info@ovwa.org](mailto:info@ovwa.org) to add additional staff members.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please make check or money order payable to: OVWA Inc.**  
**Submit completed Application & Payment - validates OVWA membership for one year**

**Mail Application & Payment to:** **OVWA**  
**Attn: Membership**  
**90 Northwoods Blvd., Suite B-6**  
**Columbus, OH 43235**

Internal Use Only:

Date Rec'd: \_\_\_\_\_

Check # \_\_\_\_\_

Certificate/Member Packet mailed: \_\_\_\_\_

gmail update: \_\_\_\_\_

website update: \_\_\_\_\_