



# Ohio Victim Witness Association, Inc. 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)
- Organizational Membership (\$100.00)
- Student Membership (\$25.00) *(Copy of current student ID must accompany completed membership form.)*
- Renewing Member
- New Member

**Primary Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization/School:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**County/Countries:** \_\_\_\_\_  Statewide Organization

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **Crisis Phone #:** (\_\_\_\_) \_\_\_\_\_

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

To add more staff members, attach a list to this form, email us at [info@ovwa.org](mailto:info@ovwa.org), or login to your online account.

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

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

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

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

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

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

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

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

Please make check or money order payable to: **Ohio Victim Witness Association, Inc.**  
Completed application & payment validate OVWA membership for one year.

**Mail Application & Payment to:** Ohio Victim Witness Association, Inc.  
90 Northwoods Blvd., Suite B-6  
Columbus, OH 43235

Office Use Only:

Check #: \_\_\_\_\_ MemberPress Updated: \_\_\_\_\_ MailChimp Updated: \_\_\_\_\_