

Individual Membership

Please complete this form and submit. The first yearly membership for victims of violent crime is waived. We thank you for your support and look forward to you working within our network!

Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code

Phone Number

E-mail

I am willing to contact my local legislators. Please contact me when my assistance is needed!

I am willing to travel to Raleigh to support NCVAN by testifying before legislative committees. Please contact me when my assistance is needed.

I am willing to volunteer my time to NCVAN events/projects. Please contact me when my assistance is needed.

I am interested in starting a local victim assistance network in my community. Please contact me to discuss this further.