

North Carolina Victim Assistance Network
Agency Membership Application

Organization Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

County _____ Website _____

Office phone # _____ Fax # _____

Name of Agency Executive Director _____

Names of Applicants within Agency

Primary contact member name _____

Email _____ Phone # _____

Second member name _____

Email _____ Phone # _____

Third member name _____

Email _____ Phone # _____

Additional member name _____

Email _____ Phone# _____

Make checks payable to NC Victim Assistance Network. Please return your completed invoice and membership dues to:

NCVAN (\$75.00 per year for 3 members) (\$10.00 per additional member)
ATTN: Membership
P.O. Box 32173
Raleigh, NC 27622