



North Carolina
Victim Assistance Network

North Carolina Victim Assistance Network
Organization/Agency Membership Application

Organization Name _____

Street Address _____

Mailing Address (if different): _____

City _____ State _____ Zip _____

County _____ Website _____

Office phone # _____ Fax # _____

Name of Agency Executive Director _____

Primary contact member name _____

Email _____ Phone # _____

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

NCVAN (\$150.00 for 2 years)

ATTN: Membership

P.O. Box 32173

Raleigh, NC 27622