



North Carolina
Victim Assistance Network

**North Carolina Victim Assistance
Network**

**Full-Time Student Membership
Application**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Support Activities:

<input type="checkbox"/>	I am willing to contact my local legislators. Please contact me when my assistance is needed!
<input type="checkbox"/>	I am willing to travel to Raleigh to support NCVAN by testifying before legislative committees. Please contact me when my assistance is needed.
<input type="checkbox"/>	I am willing to volunteer my time to NCVAN events/projects. Please contact me when my assistance is needed.
<input type="checkbox"/>	I am interested in starting a local victim assistance network in my community. Please contact me to discuss this further.

Make \$25.00 check payable to NC Victim Assistance Network. Please return your completed invoice and membership dues to:

NCVAN
ATTN: Membership
P.O. Box 32173
Raleigh, NC 27622