



## GCADV Membership Agreements

Application for membership in the Georgia Coalition Against Domestic Violence (GCADV) shall be open to any domestic violence victim advocacy agency or victim advocacy program of an agency in the state of Georgia whose primary purpose is to work on behalf of domestic violence victims through direct services, advocacy or social change efforts.

### Membership is contingent upon the following agreements:

1. The member program pays membership dues, calculated at .002 X organization's annual operating budget (\$75 minimum/\$2,000 maximum dues).
2. The member program agrees to support the [Mission, Guiding Principles and Core Values of GCADV](#).
3. The member program agrees to maintain confidentiality of sensitive issues discussed during membership, committee and task force meetings (such as financial information, legislative strategies, etc.).
4. The member program agrees to obtain the express permission of GCADV before using the "Georgia Coalition Against Domestic Violence" name or GCADV logo on print or electronic materials.

The following will serve as your electronic signature indicating that your organization agrees to these membership agreements and commits to supporting the [Mission, Guiding Principles and Core Values of GCADV](#). If you have reviewed this information and agree, provide your name, title, and today's date in the boxes below.

**First and Last Name:**

**Job Title:**

**Date:**

GCADV reserves the right to refuse or revoke membership from any individual or agency that does not appropriately represent our mission, guiding principles or core values. Upon denial/revocation, any paid membership dues will be refunded on a pro-rated basis.

## **Program Information**

Please provide the following information about your organization:

**Name of Organization or Program:**

**Parent Organization (if applicable):**

**Mailing Address:**

**Mailing Address 2:**

**City:**

**State:**

**ZIP:**

**Primary Contact Person:**

**Title:**

**Business/Admin Phone:**

**Crisis Line:**

**Primary Contact Email:**

**Website:**

## **Program Information**

- 1. Describe your organization's commitment to serve the needs of survivors of emotional, economic, physical and/or sexual abuse, and to work toward the elimination of domestic violence.**

## **Program Information**

**2. Describe the history of your organization. How did it get started? When? Why?**

## **Program Information**

- 3. Describe your relationship or involvement with other organizations, agencies or groups that address domestic violence in your community.**

## Program Information

4. What are the counties served or service area for your program?

5. Number of paid staff:

6. N/A, volunteers only:

7. Does your organization provide shelter or transitional housing services?

Yes

No

If yes, how many beds/units do you have?

8. Please provide the following information/items via email or U.S. mail:

- ✓ List of the governing body for your organization, including names, addresses, and affiliations of board members.
- ✓ Organization's by-laws and articles of incorporation.
- ✓ Organization's mission statement.
- ✓ Print materials or brochures describing the services your organization provides.

Submit documentation to:

[cshowalter@gcadv.org](mailto:cshowalter@gcadv.org)

GCADV

Attn: Membership Application

114 New ST, Ste B

Decatur, GA 30030

**Your membership application will not be complete until GCADV receives the information above.**

## GCADV Task Forces

Share your voice and help guide GCADV's work by joining one of our task force groups. These groups are open to directors, managers, and advocates of member organizations and meet throughout the year (schedule varies depending on the group). Please select any task force groups you and/or your staff would be interested in joining.

**Membership and Programming Task Force:** Makes recommendations to the board for membership criteria and dues fee scale; establishes membership benefits; link between board, staff and membership on member needs and GCADV programmatic activities. (Meets 6 times per year, in-person or via phone.)

**Name and email for staff person serving on this task force:**

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**Public Policy Task Force:** Makes mission-driven recommendations to the board for legislative and other policy positions on issues impacting the lives of survivors to be endorsed and forwarded by GCADV in the Georgia General Assembly, with domestic violence services funders, and in other public policy forums; reaches out to legislators, funders, and other community partners to ensure that the interests of survivors are advanced; researches and develops legislative agenda and other policy agendas. (Meets bi-weekly during the session and monthly outside the session, in-person or via phone.)

**Name and email for staff person serving on this task force:**

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**Communications Task Force:** Oversees development and implementation of GCADV's Communications and Marketing Plans; includes identifying potential markets, their needs, how to meet those needs with products/services/programs; represents GCADV to the community; enhances GCADV's image, including communications with the press. (Meets 6 times per year, in-person or via phone.)

**Name and email for staff person serving on this task force:**

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**Development Task Force:** Oversees development and implementation of the GCADV Fundraising Plan; identifies and solicits funds for GCADV from external sources of support; may include GCADV event planning. (Meets 6 times per year, in-person or via phone.)

**Name and email for staff person serving on this task force:**

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