

Submit form to:  
SCVAN - MEMBERSHIP  
113 Executive Pointe Blvd, Suite 202  
Columbia, SC 29210



# SCVAN Membership Application

**I would like to:**

- Join SCVAN
- Renew My Membership

**As:**

- Individual (\$25)
- Victim/Survivor (no charge for first year)
- Non-Profit Organization (\$42)
- Public Agency (\$125) \*Includes 4 people, \$15 each additional
- Lifetime Membership (\$250)

*\*Please include email addresses to receive important SCVAN updates*

**★ Fill in Organization information for Public Agency and Organization Memberships**

*(For individual memberships skip to next section):*

Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**★ The following section is to be used for individual memberships or to list employees for public agencies and organizations (only names and email addresses are needed for employees):**

If a victim/Survivor: What was the nature of the crime? \_\_\_\_\_

Name \_\_\_\_\_

(Home) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

**\*Email** \_\_\_\_\_

Name \_\_\_\_\_

(Home) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

**\*Email** \_\_\_\_\_

Name \_\_\_\_\_  
(Home) Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
**\*Email** \_\_\_\_\_

Name \_\_\_\_\_  
(Home) Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
**\*Email** \_\_\_\_\_

Name \_\_\_\_\_  
(Home) Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
**\*Email** \_\_\_\_\_

Name \_\_\_\_\_  
(Home) Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
**\*Email** \_\_\_\_\_

Name \_\_\_\_\_  
(Home) Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
**\*Email** \_\_\_\_\_

Name \_\_\_\_\_  
(Home) Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
**\*Email** \_\_\_\_\_