



Our Mission

Working Together to Promote Victims' Rights for a Safer South Dakota

2022-2023 Membership Form

Membership Levels:

___ Agency \$200

___ Individual \$45

___ Survivor \$0

___ Student \$0

Name of Primary Contact: _____

Agency (if applicable): _____

Mailing Address: _____

Phone: _____

Crisis Phone (if applicable): _____

Fax: _____

Email Address of Primary Contact: _____

****If you would like others from your agency added to the email listserv, please email names and email addresses to Kathy at kathy@sdnafvsa.com**

Please send this completed form and check or proof of student status to South Dakota Network Against Family Violence and Sexual Assault

PO Box 90453

Sioux Falls, SD 57109

To pay online, email Kathy at kathy@sdnafvsa.com for more information.