



Our Mission

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

2024-2025 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.