



## Our Mission

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

### 2025-2026 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](mailto: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](mailto:kathy@sdnafvsa.com) for more information.**