



International Organization for Victim Assistance

Membership Application

Name _____

Title and organization _____

Address, including postal code _____

Telephone _____ Facsimile _____ Email _____

Primary activity (Check all that apply)

- Victim assistance Criminal justice/government Human rights Academic
 Other: _____

Membership dues (in US dollars):

Regular 1 year from enrollment date at \$15 3 years from enrollment date at \$45

Organizational 1 year \$125 3 years from enrollment date at \$375

Life (available until January 1, 2010) \$500 I am contributing an additional amount of \$_____ as a tax-deductible donation* to support IOVA's charitable work.

Payment method

My check is enclosed, made payable to International Organization for Victim Assistance, or

I have made payment at IOVA's secure online Website at www.iovahelp.org. **Please note:** if you use this method, you must first make your online payment and then also fill out and send in this form, by mail or fax, to complete your membership enrollment.

International Organization for Victim Assistance

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membership @ iovahelp.org / www.iovahelp.org

Members receive a membership certificate and card. IOVA will host a Members Only section of its Website (www.iovahelp.org) where they will be able to view the IOVA newsletter, receive news flashes relating to victim issues, and download monographs on victim issues. Members will also receive reduced rates to IOVA-sponsored events.

***The International Organization for Victim Assistance is eligible to receive tax-exempt donations under section 501(c)(3) of the U.S. Internal Revenue Code. IOVA's Employer Identification Number is 33-111860.**