



**CRIME VICTIMS ASSISTANCE ASSOCIATION OF ARKANSAS  
APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_

Occupation/Job Title: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Phone numbers: (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Check the appropriate membership:

\_\_\_\_\_ \$25 Individual Membership

\* \_\_\_\_\_ \$100 Organizational Membership

\*The Organizational Membership is for organizations who serve crime victims. Employees and/or volunteers of the organization may be registered as members with up to 5 of those members having voting privileges. We will need to have each employee/volunteers **name and email address** that joins through an organizational membership.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please make checks payable to the Crime Victims Assistance Association of Arkansas, CVAAA and return your application for Membership to:

CVAAA  
P.O. Box 34076  
Little Rock, AR 72203-4076

CVAAA membership dues are deductible as an ordinary business/professional expense. Donations to CVAAA are tax deductible, we are an Arkansas corporation with a 501 C (3) status. EIN: 20-1519851. This is a yearly membership. Fiscal year runs from July 1 through June 30.