**OHIO VICTIM WITNESS ASSOCIATION, INC.**
**MEMBERSHIP DUES FORM – Return with payment by March each year.**
**Payment validates membership through February of next year.**

***Mission Statement:***

***OVWA is a statewide advocacy organization that is committed to establishing equality of rights and fair treatment for all victims and witnesses of crime. In fulfilling our mission, OVWA provides direct service to victims of crime. We educate and train our members, and we assist officials in developing criminal justice public policy.***

**Please check any of the following that apply: If paid see below****

_____**New Member** ____**Organizational Membership ($100.00)**

____**Renewal** _____**Individual Membership ($35.00)**

COUNTY:_____

CONTACT NAME: _____

TITLE:_____

AGENCY/ORGANIZATION:_____

ADDRESS:_____

CITY:_____ZIP:_____

TELEPHONE: ( )_____FAX: ( )_____

E-MAIL ADDRESS:_____

If you are an Organizational Member, please list names and email addresses of any other staff who should get OVWA correspondence: (up to 5) PLEASE PRINT CLEARLY

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

**MAKE CHECK PAYABLE TO: OVWA, Inc.** (Ohio Victim Witness Association)

Return with payment to:

Rhonda S. Barner, Chair
OVWA Membership Committee
c/o MCPO - Victim/Witness Division
PO Box 972, 301 W. Third St.
Dayton, OH 45422

**Internal Use Only:**

**Date Rec'd: _____ Check # _____ Added to/Verified on OVWA List:_____**

**Certificate Prepared: _____ Certificate/Package sent:_____**

**Copy to: President: _____ Secretary: _____ Treasurer: ____** **2009-2010**

Rev. 11/08