MIWSAC MEMBERSHIP APPLICATION FORM

MIWSAC Mission Statement
Through unity we will strengthen our voices and build resources to create awareness and eliminate sexual violence against Indigenous women and children. We will vigorously apply our efforts toward influencing social change and reclaim our traditional values that honor the sovereignty of Indigenous women and children.

MIWSAC Vision Statement
Creating Safety and Justice Through the Teachings of Our Grandmothers.

Benefits to being a MIWSAC member:
- Gather with people committed to ending sexual violence across Minnesota
- Scholarships (as available) to MIWSAC Coalition Meetings and Events
- No Membership Fees
- Share your expertise with other Advocates and Survivors

Statewide Organizing:
- Annual Statewide Conference
- Annual Membership Meeting
- Membership Visioning Meeting
- Quarterly Coalition Membership Meetings

Training and Technical Assistance:
- On-Site and Regional Training Opportunities for Advocates and Community Members
- Webinar Training Opportunities
- Peer Trainings at Quarterly Membership Meetings
- Site visits to Member programs

Public Policy / Tribal Policy:
- Annual Missing & Murdered Indigenous Women Events (MMIW-R) every Feb 14 and May 5
- Community Organizing
- Education and updates on policy and legislation
Media/Communications:
  - MIWSAC Social Media: Facebook, Instagram, Twitter, Website, Listserv
  - Culturally Specific Public Service Announcements
  - Solidarity Shawl Project in collaboration with Sacred Hoop Coalition

**Members will be asked to renew their membership annually during our Annual Membership Meeting held every October to maintain current contact information.**

**Applicant Information:**
Name: _______________________________  Email:_____________________________
Organization: ____________________________________________________________
Tribal Affiliation:_______________________  Phone Number: _____________________

Please check which type(s) of Membership you are currently interested in:

- [ ] MIWSAC List Serv Notifications Only
  You will be invited via an email invitation to subscribe to the MIWSAC List Serv, miwsac2001@googlegroups.com, where we share many types of information relevant to sexual violence in Indian Country. We encourage you to also post on the list serv to share your events, or information from your program that could benefit others across Minnesota.

- [ ] Individual Member
  Because sexual violence is often a very personal matter, MIWSAC welcomes individual membership. One does not have to be associated with a program, or even identify as a victim or survivor of sexual violence to be committed to the movement of ending sexual violence in Indian Country.

- [ ] Organizational or Program Member
  MIWSAC welcomes all organizations that are in alignment with anti-violence work, please select below:
  - [ ] Sexual Assault Program/Rape Crisis Center
  - [ ] Domestic Violence Program
  - [ ] Dual Sexual Assault & Domestic Violence Program
  - [ ] Tribal Victim Service Agency
  - [ ] Other Victim Service Provider
  - [ ] Other Organizational Member: _____________________________
Does MIWSAC have permission to list your organization as our member program on our website?

☐ YES ☐ NO

As a new member, I commit to represent MIWSAC through community and professional associations locally, statewide and nationally. Continually broaden expertise in the area of sexual violence in Indian communities and serve as resource person. Help MIWSAC promote, plan, and coordinate coalition activities, sharing updates and reference materials.

Member Initials ____________

I / Our organization agrees to support and actively promote the philosophy, mission and vision of MIWSAC as evidence by the signature below:

Signatures (please sign based on type of membership you are applying for):

☐ Individual Membership

Name: __________________________________________________________

Signature: __________________________ Date: ________________________

☐ Organizational Membership

Name of Organization: ____________________________________________

Signature of Authorized Person*: _________________________________

* Executive Director/Supervisor signature approval for organizational membership

Title: __________________________ Date: ________________________

PLEASE RETURN FORM BY:
Mail: MIWSAC - c/o Angelica Allery - 1619 Dayton Avenue, Suite 202 - St Paul, MN 55104
Fax: (651) 646-4798
Email: contact.us@miwsac.org

For Office Use Only
Membership Application approved by current Membership’s collective during the following Quarterly Coalition/Annual Membership Meeting:
Meeting Location: ________________________
Date Membership Approved: ____________________