

MEMBERSHIP INVOICE 2023

MISSION of the San Diego Domestic Violence Council (SDDVC)

Bringing our community together to end domestic violence and promote healthy relationships in San Diego County.

PERSONAL/AGENCY INFORMATION

Name of Agency or Individual:	
Authorizing Official & Title:	
Address:	
City:	Zip Code:
Phone:	Fax:
E-mail:	
MEMBERSHIP INFORMATION Please indicate below the amount of 2023-2024 (June 2014)	lly to June) dues owed:
☐ \$40 - Individual Membership ☐ \$20	0 - Agency Membership
☐ New Member ☐ Renewing Member / Year fir	st joined the SDDVC
*Current Committee Attendance/Participation: _	
☐ I/Our agency would like to include my/our contact available through the Council.	t information in a membership directory made
☐ I/Our agency would like to make an additional co San Diego Domestic Violence Council.	ntribution to support the critical work of the
Amount \$	
Kindly send <i>check or money order</i> for your 2023 n	nembership dues, payable to the SBCS,

San Diego Domestic Violence Council Attn: Membership Coordinator 1963 Apple St, Oceanside, CA 92054

along with this form to: