



NMCADV APPLICATION FOR PRINCIPAL MEMBERSHIP

Program Information

Program Name _____

Mailing Address _____

Main Phone _____

Main Email _____

Fax _____

Executive Director _____

Phone and Email _____

Board President _____

Phone and Email _____

Geographic Area Served _____

Population Served _____

Number Paid Staff _____

Number Volunteers _____

Estimated Clients Served
Annually _____

Please submit copies of the following with this application (if applicable):

- ✓ For nongovernmental, nonprofit and for-profit corporations:
 - Current Board Members and Advisory Committee Members
 - Articles of Incorporation
 - Current By-laws, including mission statement
 - Recent Annual Report
- ✓ For other organizations, agencies, or businesses:
 - Purpose statements, fliers, or any other information that would help us know you better for consideration as Coalition members

We request to be Members of the New Mexico Coalition Against Domestic Violence, and agree to support the Coalition's Mission.

Director (signature) _____ Date _____

Board President (signature) _____ Date _____

Coalition Use Only

Approved:

Coalition Director (signature) _____ Date _____

Board President (signature) _____ Date _____

Principal Member Program Sliding Scale Calculator

Program Name: _____

Person Completing Form: _____

Contact Info: _____

Membership dues are determined by each member's annual budget. 0.35% of total annual budget or \$1000 Maximum plus \$25 per satellite

1. Total Agency Budget: \$ _____

2. Dues Percentage x .0035

3. Calculated Dues (line 1 x line 2) \$ _____

- If line 3 is more than \$1000, enter 1000 on line 4.
- If line 3 is less than \$1000 and more than \$100, enter the line 3 amount on line 4.
- If line 3 is less than \$100, enter 100 on line 4.

4. Total Dues: \$ _____

**The dues for new applications will be pro-rated from the date the board approves your application to June 30.*

Payment Schedule Preference:

One-time Payment

Quarterly (4 equal payments by the end of each quarter) _____

Director (signature) _____

Date _____