

PREVENT TOGETHER APPLICATION FOR COALITION MEMBERSHIP

MEMBERSHIP LEVELS

Please check the box for the membership level to which you are applying. Annual membership dues will be invoiced upon acceptance. Please do **NOT** send any payment until you have been notified that your membership has been approved.

Organizational membership (voting) is open to organizations at the national level that advocate for the healthy development of children and youth, with a particular focus on preventing child sexual abuse and/or exploitation. One organizational staff member should be designated as the Coalition representative. (Annual membership dues \$500)

National Leader membership (voting) is open to individuals advocating at a national level for the prevention of child sexual abuse and/or exploitation. (Annual membership dues \$125)

Affiliate membership (non-voting) is open to individuals, businesses, and organizations advocating for the prevention of child sexual abuse and/or exploitation at the local, state or regional level. (Annual membership dues \$75)

Student membership (non-voting) is open to current students (undergraduate or graduate level) in a field or with a focus on the prevention of child sexual abuse and/ or exploitation. (Annual membership dues \$25)

GENERAL INFORMATION

I. Contact Information

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2. Physical/M	ailing Address	:		

1. Applicant's Name/Title and Organization or School (if applicable)

4. Email Address:

3. Telephone Number:

5. Website:

II. Background

In the space provided below detail your organization's, or if applying as an individual/ National Leader or Student, your ongoing commitment to advancing the prevention of child sexual abuse and exploitation. If you are applying as a National Leader or Student, please attach a short bio or resume and include a description of the work you have done to prevent child sexual abuse and/or exploitation.

М	EMBERSHIP CONSIDERAT	ONS
How did you learn abo Exploitation?	ut the National Coalition to Prevent	: Child Sexual Abuse &
2. What are your reasons	for seeking membership in the Coa	lition?
3. What skills, strengths,	and resources do you/your organiz	ation bring to the Coalition?
4. What role do you play Coalition addresses?	personally or organizationally relati	ve to the issues the

5. Identify primary child sexual abuse and exploitation prevention-related activities or initiatives you are engaged in or intend to engage in this year. For example, you or your organization's activites related to Child Abuse Prevention Month or prevention education.	
SIGNATURE	
I have read the Coalition's mission, values, and National Plan and agree that my/my organization's work is in alignment.	
Signature:	
Printed Name:	
Date:	
Please note that by returning this application, you authorize the Coalition to verify the informatio provided through database and inquiry systems. Prevent Together will make every effort to treat as confidential all information included or attached to this Application. Receipt and review of this Application does not constitute automatic membership or a guarantee of membership.	t
If you have any questions, or have problems completing or submitting this Application, please contact the Coalition via email at: preventtogether@gmail.com.	
Thank you for your interest in Prevent Together - The National Coalition to Prevent Child Sexual Abuse & Exploitation.	