

Membership Application

Membership Application Form

Thank you for your interest in becoming a member of the **Christian Coalition Against Domestic Violence: Faith Voices**. Membership affirms a shared commitment to survivor safety, faith-centered advocacy, upholding God's truth and trauma-informed practices.

Section 1: Applicant Information

Name:

Organization / Church (if applicable):

Role / Title (if applicable):

Email Address:

Phone Number (optional):

City / State:

Section 2: Membership Type

Please select the membership category that best fits:

- ☐ Individual Member
- ☐ Faith Community / Church Member
- ☐ Organizational / Professional Member

Section 3: Areas of Interest (Optional)

Please check any areas you are interested in:

- ☐ Education & Training
- ☐ Advocacy & Awareness
- ☐ Survivor Support
- ☐ Faith Leader Engagement
- ☐ Policy & Prevention
- ☐ Prayer & Spiritual Support

Section 4: Membership Commitment

By applying for membership, I affirm that I:

- Support survivor safety, dignity, and autonomy
 - Reject the misuse of faith or scripture to justify abuse
 - Commit to trauma-informed, compassionate responses
 - Will respect confidentiality and ethical boundaries
- ☐ Yes, I agree to uphold these commitments

Signature:

Date:

Survivor-Centered Notice

Survivors are welcome to participate in the Coalition at their own pace. Disclosure of personal experiences is never required. Participation is voluntary and self-directed.