

# 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.