



## Fiscal Year 2018 Membership Information & Application

One West Water Street, Suite 260 | St. Paul, MN 55107

612.940.8090 | [www.mnallianceoncrime.org](http://www.mnallianceoncrime.org)





## **Mission**

The mission of the Minnesota Alliance on Crime (MAC) is to connect systems, service providers, and victim to advance the response for victims of all crime.

## **Core Values**

1. We oppose the use of all forms of violence and affirm the basic human right of every person to live without fear or the threat of violence throughout the course of one's life.
2. We seek to ensure a criminal justice system that is fair and accessible to crime victims, and meaningful rights for crime victims are routinely honored.
3. We stand in solidarity with efforts around the world to end all forms of discrimination, exploitation and violence.
4. We recognize that forms of oppression based on race, gender, class, ethnicity, nationality, disability, age, religion and sexual orientation create a climate of supremacy and ownership that facilitates the use of on-going violence.
5. We believe in the strength of diversity, embrace the differences among ourselves and within our communities, and promote the development of leadership in all communities.
6. We undertake prevention efforts to confront and change cultural norms and practices that facilitate violence.
7. We promote and encourage the leadership of victim/survivors in guiding our advocacy, policy, and training efforts.
8. We affirm the power of collective and collaborative efforts to advocate with social systems and institutions in order to end violence.
9. We encourage reflection about our work and thoughtful evaluation of our efforts. We are committed to the ongoing development of innovative strategies and programs to better meet the diverse and emerging needs of crime victims.
10. We commit to create a work environment for staff and volunteers that respects diversity, fosters professional growth, encourages critical thinking and initiative, and promotes diligent and effective advocacy efforts.





## FY18 Membership Application Form July 1, 2017 - June 30, 2018

<b>Date of Application:</b>	Is this a new or renewal application? <input type="checkbox"/> New <input type="checkbox"/> Renewal	
<b>Organization Name:</b>		
<b>Contact Person:</b>		
<b>Contact E-mail:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Business Phone:</b>	<b>Ext:</b>	
<b>Business Fax:</b>		
<b>Name and email addresses of all staff to be added to the MAC Members Listserv: (If renewing membership, only indicate any changes. Please use separate document, if needed.)</b>		
<b>Name:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Email:</b>	

**Counties / Areas of service (please select all that apply):**

- |                                     |                                     |  |                                     |                                    |  |
|-------------------------------------|-------------------------------------|--|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Aitkin     | <input type="checkbox"/> Cook       | <input type="checkbox"/> Itasca            | <input type="checkbox"/> McLeod     | <input type="checkbox"/> Polk      | <input type="checkbox"/> Steele          |
| <input type="checkbox"/> Anoka      | <input type="checkbox"/> Cottonwood | <input type="checkbox"/> Jackson           | <input type="checkbox"/> Meeker     | <input type="checkbox"/> Pope      | <input type="checkbox"/> Stevens         |
| <input type="checkbox"/> Becker     | <input type="checkbox"/> Crow Wing  | <input type="checkbox"/> Kanabec           | <input type="checkbox"/> Mille Lacs | <input type="checkbox"/> Ramsey    | <input type="checkbox"/> Swift           |
| <input type="checkbox"/> Beltrami   | <input type="checkbox"/> Dakota     | <input type="checkbox"/> Kandiyohi         | <input type="checkbox"/> Morrison   | <input type="checkbox"/> Red Lake  | <input type="checkbox"/> Todd            |
| <input type="checkbox"/> Benton     | <input type="checkbox"/> Dodge      | <input type="checkbox"/> Kittson           | <input type="checkbox"/> Mower      | <input type="checkbox"/> Redwood   | <input type="checkbox"/> Traverse        |
| <input type="checkbox"/> Big Stone  | <input type="checkbox"/> Douglas    | <input type="checkbox"/> Koochiching       | <input type="checkbox"/> Murray     | <input type="checkbox"/> Renville  | <input type="checkbox"/> Wabasha         |
| <input type="checkbox"/> Blue Earth | <input type="checkbox"/> Faribault  | <input type="checkbox"/> Lac qui Parle     | <input type="checkbox"/> Nicollet   | <input type="checkbox"/> Rice      | <input type="checkbox"/> Wadena          |
| <input type="checkbox"/> Brown      | <input type="checkbox"/> Fillmore   | <input type="checkbox"/> Lake              | <input type="checkbox"/> Nobles     | <input type="checkbox"/> Rock      | <input type="checkbox"/> Waseca          |
| <input type="checkbox"/> Carlton    | <input type="checkbox"/> Freeborn   | <input type="checkbox"/> Lake of the Woods | <input type="checkbox"/> Norman     | <input type="checkbox"/> Roseau    | <input type="checkbox"/> Washington      |
| <input type="checkbox"/> Carver     | <input type="checkbox"/> Goodhue    | <input type="checkbox"/> Le Sueur          | <input type="checkbox"/> Olmsted    | <input type="checkbox"/> Scott     | <input type="checkbox"/> Watonwan        |
| <input type="checkbox"/> Cass       | <input type="checkbox"/> Grant      | <input type="checkbox"/> Lincoln           | <input type="checkbox"/> Otter Tail | <input type="checkbox"/> Sherburne | <input type="checkbox"/> Wilkin          |
| <input type="checkbox"/> Chippewa   | <input type="checkbox"/> Hennepin   | <input type="checkbox"/> Lyon              | <input type="checkbox"/> Pennington | <input type="checkbox"/> Sibley    | <input type="checkbox"/> Winona          |
| <input type="checkbox"/> Chisago    | <input type="checkbox"/> Houston    | <input type="checkbox"/> Mahnomen          | <input type="checkbox"/> Pine       | <input type="checkbox"/> St. Louis | <input type="checkbox"/> Wright          |
| <input type="checkbox"/> Clay       | <input type="checkbox"/> Hubbard    | <input type="checkbox"/> Marshall          | <input type="checkbox"/> Pipestone  | <input type="checkbox"/> Stearns   | <input type="checkbox"/> Yellow Medicine |
| <input type="checkbox"/> Clearwater | <input type="checkbox"/> Isanti     | <input type="checkbox"/> Martin            |                                     |                                    |  |

**Please provide your organization's mission or purpose statement:**

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## Type of membership requesting:

Two different types of membership are available to organizations. All members benefit from participation in MAC sponsored events, training, and resource dissemination; voting members have additional opportunities to participate in the work of MAC.

Please check either "Voting Member Organization" or "Supportive Non-Voting Organization."

- ☐ **Voting Member Organization:** Organization that **provides direct services to crime victims**. Voting members vote on new board members and changes to MAC by-laws:

***(All boxes must be checked and voting delegate name must be filled in order to be a voting member)***

- ☐ Incorporated as a Minnesota non-profit organization or tribal organization; or are a Victim/Witness Program located within a prosecutorial office; or are a law enforcement entity.
- ☐ Organization provides criminal justice assistance, advocacy, safety planning, and referrals.
- ☐ Payment for FY18 membership dues is included with this form.
- ☐ Organization supports and promotes the mission statement and core values of MAC.
- ☐ Support and attend MAC's Annual Meeting in September 2018.

Each voting member organization shall appoint one (1) individual to serve as their voting delegate and one (1) individual to serve as their voting alternate at meetings of the membership. These individuals will serve as delegates and alternates until successors are appointed. Replacement delegates and alternates may be appointed by member organizations by providing written notice to MAC before scheduled meetings.

Voting Delegate Name: \_\_\_\_\_

Voting Alternate Name: \_\_\_\_\_

- ☐ **Supportive Non-Voting Organization:** Nonprofit; health and education; tribal, state, and local government; and other organizations that **do not provide direct services to crime victims**; and actively promote the mission statement and core values of MAC may join as supportive non-voting members.
  - ☐ **Supportive Non-Voting Individual:** Individual, student, or victim/survivor that actively promotes the mission statement and core values of MAC may join as a supportive non-voting member.
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Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your membership dues are based on your organization's current annual operating budget. Please refer to the chart on the following page to determine your dues and write the corresponding dues amount in the space below.

## MAC Annual Membership Dues Schedule

If joining after August 1, 2017, FY18 dues will be prorated. Please contact Danielle Kluz at [danielle@mnallianceoncrime.org](mailto:danielle@mnallianceoncrime.org) to determine your dues for the current fiscal year.

(For programs that are a sub-group of a larger government agency or non-profit corporation, dues are based on the operating budget of the victim services program only.)

If your annual operating budget is:      Your annual membership dues are:

\$0 - \$60,000	\$125.00
\$60,001 - \$100,000	\$150.00
\$100,001 - \$500,000	\$250.00
\$500,001 - \$1,000,000	\$350.00
\$1,000,001 and over	\$450.00
Supportive Non-Voting Organization (does <u>not</u> provide direct services)	\$100.00
Supportive Non-Voting Individual	\$50.00
Supportive Non-Voting Student	\$25.00
Supportive Non-Voting Victim/Survivor	FREE

Operating budget for current fiscal year: \$ \_\_\_\_\_

Membership amount due: \$ \_\_\_\_\_

Are you using funds from an OJP grant award to pay for any portion of your membership dues? ☐ YES ☐ NO

If you answered yes, what percentage of your dues is made up of OJP grant funds? \_\_\_\_\_%

### Checklist and Membership Agreement *(Please check each box)*

#### We have reviewed the following:

- ☐ MAC Mission Statement and Core Values
- ☐ Membership Benefits

#### We have included the following with our application:

- ☐ Organizational Mission Statement
- ☐ A check for \$ \_\_\_\_\_

**(Please return pages 5-8 of completed membership application along with your payment.)**

**Mail to:** Minnesota Alliance on Crime  
Attn: Danielle Kluz  
One West Water Street, Suite 260  
St. Paul, MN 55107

Member Program Name: \_\_\_\_\_