



Saydyie DeRosia
Chairperson
Oregon DOC

Anne Marie Easley
Treasurer
Louisiana DOC

Mary Roche
Vice Chairperson
Iowa DOC

Traci Lederer
Secretary
New Hampshire DOC

NEW MEMBERSHIP APPLICATION & INVOICE

Name: _____

Title: _____

Agency: _____

Address: _____

Phone: _____ Email: _____

Select a membership category below:

- Corrections-Based Adult or Juvenile Victim Service Program: \$150
 - Please list names of up to 3 staff to be included in "corrections-based" agency memberships

Name	Title	Phone	Email

- Individual: \$75
- National Association Organization: \$200
- Allied Professional Organization: \$200
- Student (College or University): \$50

PLEASE SUBMIT PAYMENT TO:

National Association of Victim Assistance in Corrections
C/O Minnesota Department of Corrections
Attn: Lydia Newlin
1450 Energy Park Drive, Suite 200
Saint Paul, MN 55108

Payment by check, cash or credit card. Please make checks payable to NAVAC.

Visa MasterCard American Express Discover Other: _____

Card Number: _____ Exp Date: ____/____/____ Security Code: _____

Cardholder Name (please print): _____

Cardholder Signature (REQUIRED): _____

If you have questions, please contact Lydia Newlin at
651.361.7249 or Lydia.Newlin@state.mn.us