



Saydyie DeRosia
Chairperson
Oregon DOC

Mary McCaffity
Treasurer
Texas DOC

Daniel Torrez
Vice Chairperson
Arizona DOC

Traci Lederer
Secretary
New Hampshire DOC

NEW/RENEW MEMBERSHIP APPLICATION & INVOICE

Name: _____

Title: _____

Agency: _____

Address: _____

Phone: _____ Email: _____

Select a membership category below:

Name	Title	Phone	Email

- 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
- Corrections-Based Adult or Juvenile Victim Service 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 Saydyie DeRosia
PO Box 4312
Salem, OR 97302

Payment by check or credit card. Please make checks payable to NAVAC. Please visit our website at <http://www.navac.website/join.html> to pay by credit card via PayPal.

If you have questions, please contact Saydyie DeRosia at
503-934-1113 or Saydyie.L.DeRosia@doc.state.or.us