



### Individual Member Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Yes! I want to become/remain a member of End Domestic Abuse Wisconsin

**Individual Member**  \$50  \$10 Survivor or hardship

**I want to make an additional donation**  \$25  \$50  \$100  Other \$ \_\_\_\_\_

Member dues enclosed: \$ \_\_\_\_\_

Additional donation: \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

Please charge the credit card below

My check is enclosed

End Abuse accepts (please circle): MASTERCARD AMERICAN EXPRESS DISCOVER VISA

Name on card: \_\_\_\_\_

Business Name: (if applicable) \_\_\_\_\_

Billing address: (if different from above) \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

Please return form along with payment to  
End Domestic Abuse Wisconsin | C/O Membership  
1245 E. Washington Ave, Suite 150  
Madison WI 53703