**Lisa Kinard Jeralita Costa Chairperson Treasurer**

**Florida DOC Washington DOC**

**Traci Lederer Jaquel Moody**

**Vice Chairperson Secretary**

**New Hampshire DOC Arizona DOC**

**Tessa Mosher Chrissy Ruuska**

**At-Large Member At-Large Member**

**Maine DOC Massachusetts DOC**

**2023 NAVAC MEMBERSHIP APPLICATION**

**Supplemental Form for Organizations or Programs with 3, 6 or 10 Memberships**

Your Name:

Your Agency:

Your Email:

**Select the membership category that you indicated on your online application.**

**Remember to return to the NAVAC website for payment options.**

[ ]  Adult and Juvenile Governmental Post-Conviction Victim Service Organization (up to 10 employees): $500

[ ]  Adult and Juvenile Governmental Post-Conviction Victim Service Program (up to 6 employees): $300

[ ]  Adult and Juvenile Governmental Post-Conviction Victim Service Program (up to 3 employees): $150

[ ]  Individuals – Governmental Employees / Retiree non-affiliated: $75

[ ]  Individuals – Non-Governmental Employee: $100

[ ]  Allied Professional Associations/Organization (up to 3 staff): $200

[ ]  Students – of Universities and Colleges: $50

|  |
| --- |
| **Organizational or Program ONLY** |
| (Up to 3, 6 or 10 staff members as appropriate based on membership category selected above) |
| Member Name | Title | Phone | Email |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

THIS FORM IS FOR AN ORGANIZATION OR PROGRAM SELECTING A MEMBERSHIP WITH MORE THAN ONE STAFF MEMBER.