



## SC Crime Victims' Council Membership Application

### **Organizational membership for agencies and organizations:**

Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Victim: Yes \_\_\_ No: \_\_\_ Nature of Crime \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ EMAIL \_\_\_\_\_

Web Site: \_\_\_\_\_

I would like to join SCCVC & receive all Updates, Activities, Webletters and Bulletins \_\_\_\_\_

### **Individual membership or a complete listing of employees for agencies & organizations:**

Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Victim: Yes \_\_\_ No: \_\_\_ Nature of Crime \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ EMAIL \_\_\_\_\_

Web Site: \_\_\_\_\_

### **Individual \$25**

**Crime Victim / Survivor No Charge**

**Non-Profit Organization \$50**

**Public Agency \$100 (Includes up to 4 individuals in an agency/each additional \$25)**

### **SEND COMPLETED FORM TO**

**Mail** SC Crime Victims' Council  
1900 Broad River Road / Columbia, SC 29210  
**Fax** 803 772-2771  
**Email** [laurahudson@sccvc.org](mailto:laurahudson@sccvc.org)

**Individual membership or a complete listing of employees for agencies & organizations:**

Name\_\_\_\_\_

Occupation:\_\_\_\_\_

Victim: Yes\_\_\_ No:\_\_\_\_\_ Nature of Crime\_\_\_\_\_

Address:\_\_\_\_\_

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

Telephone\_\_\_\_\_ Fax:\_\_\_\_\_ EMAIL\_\_\_\_\_

Web Site:\_\_\_\_\_

**Individual membership or a complete listing of employees for agencies & organizations:**

Name\_\_\_\_\_

Occupation:\_\_\_\_\_

Victim: Yes\_\_\_ No:\_\_\_\_\_ Nature of Crime\_\_\_\_\_

Address:\_\_\_\_\_

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

Telephone\_\_\_\_\_ Fax:\_\_\_\_\_ EMAIL\_\_\_\_\_

Web Site:\_\_\_\_\_

**Individual membership or a complete listing of employees for agencies & organizations:**

Name\_\_\_\_\_

Occupation:\_\_\_\_\_

Victim: Yes\_\_\_ No:\_\_\_\_\_ Nature of Crime\_\_\_\_\_

Address:\_\_\_\_\_

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

Telephone\_\_\_\_\_ Fax:\_\_\_\_\_ EMAIL\_\_\_\_\_

Web Site:\_\_\_\_\_