



Our mission is to build the capacities of Black and Brown Advocates and their communities to end violence against womyn, queer and trans folks, and young people.

PO BOX 612 | EAU CLAIRE | WI | 54702 | PHONE/TEXT/FAX: (800) 343-6337
24HR HMONG FAMILY STRENGTHENING HELPLINE: (877) 740-4292
EMAIL: ADMIN@BBWPCOALITION.ORG | WWW.BBWPCOALITION.ORG

MEMBERSHIP FORM

All memberships are valid for one year (September-August) if paid by July 31st of each year. New members can join at any time during the year with a prorated membership fee. Please fill in the information below and submit with your individual or organization tier payment to:

Black and Brown Womyn Power Coalition, Inc.
800 Wisconsin Street
Bldg. D04, Suite 103, Mailbox 62
Eau Claire, WI 54703

Check One: Agency _____ Individual _____

Name: _____

Contact Person (Agency): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

Membership Tiers:

<p>Advocates</p> <p><i>Valid for 12 months</i></p> <p>Perfect for advocates, students and survivors.</p> <p>\$20 <i>Select</i></p>	<p>Supporters & Allies</p> <p><i>Valid for 12 months</i></p> <p>For supports and allies of the BBWP Coalition.</p> <p>\$50 <i>Select</i></p>	<p>Organization Tier 1</p> <p><i>Valid for 12 months</i></p> <p>Agencies with annual DV/SA program budget of less than 100K</p> <p>\$150 <i>Select</i></p>
<p>Organization Tier 2</p> <p><i>Valid for 12 months</i></p> <p>Agencies with annual DV/SA program budget of 100K-250K</p> <p>\$250 <i>Select</i></p>	<p>Organization Tier 3</p> <p><i>Valid for 12 months</i></p> <p>Agencies with annual DV/SA program budget of 250K-400K</p> <p>\$350 <i>Select</i></p>	<p>Organization Tier 4</p> <p><i>Valid for 12 months</i></p> <p>Agencies with annual DV/SA program budget of 400K+</p> <p>\$450 <i>Select</i></p>

Level Selected: _____

Amount Due: _____